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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735543 (1)

1. Corporation Name

THE AVENTURA TURNBERRY JEWISH CENTER BETH JACOB, INC.

Principal Place of Business

Mailing Address

20400 NE 30 AVE
MIAMI FL 33180
US

20400 NE 30 AVE
MIAMI FL 33180-1566
US



3. Date Incorporated or Qualified
04/08/1976

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

28

30

4. FEI Number
59-1673246

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARON, AMIR (DR.)
20400 N.E. 30 AVE
MIAMI FL 33180

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Amir Baron Ex. V.P.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SILVERMAN BARRY
STREET ADDRESS 19553 N.E. 37 AVE.
CITY-ST-ZIP NORTH MIAMI BCH., FL 33180

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME KREVAT, GARY
STREET ADDRESS 20221 NE 25TH AVE
CITY-ST-ZIP MIAMI FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD
NAME GOOZE MORTON
STREET ADDRESS 3675 N. COUNTRY CLUB DR.
CITY-ST-ZIP MIAMI FL 33180

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPD
NAME KESSLER EUGENE
STREET ADDRESS 20400 N.E. 30TH AVE.
CITY-ST-ZIP MIAMI FL 33180

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VPD
NAME SHUR RORY
STREET ADDRESS 20400 N.E. 30TH AVE.
CITY-ST-ZIP MIAMI FL 33180

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE RS
NAME SHOR, TRACI
STREET ADDRESS 20400 NE 30TH AVE
CITY-ST-ZIP MIAMI FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Amir Baron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033488

CR2E037 (9/96)