


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735543 (1)**  
1. Corporation Name  
**THE AVENTURA TURNBERRY JEWISH CENTER BETH JACOB, INC.**



Principal Place of Business 20400 NE 30 AVE MIAMI FL 33180 US	Mailing Address 20400 NE 30 AVE MIAMI FL 33180 US
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3. Date Incorporated or Qualified <b>04/08/1976</b>	
4. FEI Number <b>59-1673246</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**9. Name and Address of Current Registered Agent**  
BARON, AMIR (DR.)  
20400 N.E. 30 AVE  
MIAMI FL 33180

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 617.0203, Florida Statutes.

SIGNATURE *Amir Baron Ex J.R.* DATE **1/20/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN BARRY	1.2 NAME	
STREET ADDRESS	19553 N.E. 37 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH., FL 33180	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREVAT GARY	2.2 NAME	
STREET ADDRESS	20221 NE 25TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOZE MORTON	3.2 NAME	
STREET ADDRESS	3675 N. COUNTRY CLUB DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER EUGENE	4.2 NAME	
STREET ADDRESS	20400 N.E. 30TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUR RORY	5.2 NAME	
STREET ADDRESS	20400 N.E. 30TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	5.4 CITY-ST-ZIP	
TITLE	RS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOR, TRACI	6.2 NAME	
STREET ADDRESS	20400 NE 30TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I 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* **1/20/98 305 935-0666**

CR2E037 (10/97)