FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAR 27 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736203 (1)

1. Corporation Name
CONGREGATION ETZ CHAIM, INC.

Principal Place of Business	Mailing Address
~~19095 W. DIXIE HWY.~~ N. MIAMI BEACH FL 33180-2638	~~19095 W. DIXIE HWY.~~ N. MIAMI BEACH FL 33180-2638

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1976
3a. Date of Last Report: 04/13/1994
4. FEI Number: 58-2100313 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 19094 W. Dixie Hwy.
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: 19094 W. Dixie Hwy
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANDSBERG, ALAN
300 S. PARK RD.
SUITE 302
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	11 TITLE	☒ Change ☐ Addition
NAME	LEVI, RAYMOND	12 NAME	
STREET ADDRESS	~~21 HOLLY LANE~~	13 STREET ADDRESS	4161 SW 67 AVENUE # C201
CITY-ST-ZIP	~~PLANTATION FL~~	14 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	~~MORENBERG, ARA~~	22 NAME	JESSE MONTEAGUDO
STREET ADDRESS	~~6110 PORTSMOUTH LANE~~	23 STREET ADDRESS	301 N. PINE ISLAND ROAD #258
CITY-ST-ZIP	~~DAVIE FL~~	24 CITY-ST-ZIP	Plantation, FL 33324
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	~~MURPHY, SYLVIA~~	32 NAME	HARVEY GRABER
STREET ADDRESS	~~15000 NW 7TH AVE., SUITE 314~~	33 STREET ADDRESS	209 NW 79 TERRACE
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	Plantation, FL 33324
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	SCHECTER, MITCHELL B.	42 NAME	
STREET ADDRESS	4200 INVERRARY BLVD., SUITE 3203	43 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	44 CITY-ST-ZIP	33319
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	300001442903
STREET ADDRESS		53 STREET ADDRESS	-03/29/95--01078--002
CITY-ST-ZIP		54 CITY-ST-ZIP	****133.00 ****133.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	DA
STREET ADDRESS		63 STREET ADDRESS	3-28
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Ray Levi, President 2/10/95 (305) 931-9318
SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044937