


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90076 042 \*\*\*\*61.25

0033353

*NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 736780**

1. Corporation Name  
**ASSOCIATION FOR JEWISH SPECIAL EDUCATION, INC.**

Principal Place of Business 8901 SW 21ST TERRACE MIAMI FL 33165 US	Mailing Address 8901 SW 21ST TERRACE MIAMI FL 33165 US
---	---



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/08/1976</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1690944</b>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip
	30. Country	

9. Name and Address of Current Registered Agent

**MILLS-PALEY, BENEE'**  
**8901 SW 21ST TERRACE**  
**MIAMI FL 33165**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
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 \_\_\_\_\_ 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	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEJAR, LINDA	1.2 NAME	
STREET ADDRESS	8020 NOREMAC AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS-PALEY, BENEE	2.2 NAME	
STREET ADDRESS	8901 SW 21ST TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIAOLENKI, ANDRE	3.2 NAME	<b>Gelfond, Helaine</b>
STREET ADDRESS	520 E DILIDO DR	3.3 STREET ADDRESS	<b>1085 NE 144 Street</b>
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	<b>North Miami, FL, 33161</b>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES, JOYCE	4.2 NAME	
STREET ADDRESS	9970 SW 40 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGRAFF, MARLA	5.2 NAME	
STREET ADDRESS	9411 FOUNTAINBLEAU BLVD #212	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL 33172	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLINGER, MARJORIE	6.2 NAME	
STREET ADDRESS	1225 NE 93RD ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	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)(l), 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, with all other like empowered.

SIGNATURE: *Benee Mills-Paley* **SIGNATURE REQUIRED** *Benee Mills-Paley* 1-15-99 553-2402  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)