FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
1996 MAY -1 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743866 (6)

1. Corporation Name
HOREB COLLEGE INC.

Principal Place of Business
1965 ALTON ROAD
MIAMI BEACH FL 33139

Mailing Address
1910 ALTON ROAD
MIAMI BEACH FL 33139
US

700001803177
-05/01/96--01026--024
*****61.25 *****61.25

3. Date Incorporated or Qualified: 08/07/1978
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 4014 Chase Avenue
Suite, Apt. #, etc.
22
City & State
23 Miami Beach , Florida
Zip 24 33140 Country 25 Dade

2a. Mailing Address
26 4014 Chase Avenue
Suite, Apt. #, etc.
27
City & State
28 Miami Beach, Florida
Zip 29 33140 Country 30 Dade

4. FEI Number: 59-1832333 ☐ 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

GALBET, ABRAHAM AL
999 WASHINGTON AVE.
MIAMI BCH. FL 33139

10. Name and Address of New Registered Agent

81 Name: Jos h Bennett, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 420 Lincoln Road
83 Suite 440
84 City: Miami Beach FL 85 Zip Code: 33139

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: Josh Bennett, Esquire 4-29-96
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZWEIG, JEROME 4014 CHASE AVENUE MIAMI BEACH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Ron D. Strelnick 420 Lincoln Road-Suite 440 Miami Beach, Florida 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIMON, MILTON 4014 CHASE AVENUE MIAMI BEACH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Gertrude Shafer 4147 N. Meridian Avenue Miami Beach,Florida 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BURSTYN, JEREMIAH 4014 CHASE AVENUE MIAMI BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

VSD 5/1/1996

CR2E037 (12/95)

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)(k), 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: 4-29-96 305-538-4431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #