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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

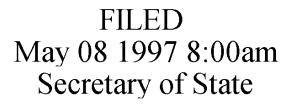
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 7442

(6)



	E BETH SHOLOM, INC.	Mailing Address			
4144 CHASE A MIAMI BEACH		4144 CHASE AVE. Miami Beach Fl 33140-34	131		
				 Date Incorporated or Qualified 09/13/1978 	3a. Date of Last Report 05/01/1996
 Principal F 	Place of Business	2a. Mailing Address		4. FEI Number 59-0714828	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	······································	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p 24	Country 25	Zip 29	Country 30	8. This corporation has liability for	or intangible tax under s. 199.032,
<u></u>	9. Name and Address of Curre		100	10. Name and Address of New F	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		81 Name		
RICE, DENNIS J. 4144 CHASE AVENUE				ddress (P.O. Box Number is Not Acceptable)	
MIAMI B	BEACH, FL. FL 33140		83		
			84 City		FL 85 Zip Code
	to the provisions of Sections 617.05 registered agent, or both, in the Stat am familiar with, and accept the obli	602 and 617.1508, Florida Statut le of Florida. Such change was a gations of, Section 617.0503, Fk	les, the above-named cauthorized by the corporida Statutes.	corporation submits this statement for the oration's board of directors. I hereby acc	e purpose of changing its registered ept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	geni and title if applicable [NOT	E: Registered Agent signature re	equired when reinstaling)	DATE
SIGNATURE	Signature, typed or printed name of registered a OFFICERS AI	geni and title if applicable (NOT) ND DIRECTORS	E: Registered Agent signature n	equired when reinstaling) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS AT	geni and title if applicable [NOT	E: Registered Agent signature n	equired when reinstaling) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. HILE NAME	Signature, typed or printed name of registered at OFFICERS AT P DRIBIN, MICHAEL	geni and title if applicable (NOT) ND DIRECTORS	E: Registered Agent signature in 13. 1.1 TITLE 1.2 NAME	adulad when reinstaling) ADDITIONS/CHANGES TO OFF PRESIDENT Charles A. Citkin	DATE FICERS AND DIRECTORS IN 12 Change K Addition
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14. Ido 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 31 if thanged or on an execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

CHATURE AND TYPED OR PRATTED NAME OF BIGMAND OFFICER OR DIRECTOR

02/26/97 (305)538-723