

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

DOCUMENT # 744454 (0)

1. Corporation Name

TORAS EMES ACADEMY OF MIAMI, INC.



Principal Place of Business

Mailing Address

7902 CARLYLE AVENUE
MIAMI BEACH FL 33141

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MIAMI BEACH FL 33141

3. Date Incorporated or Qualified
10/03/1978

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1870702

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

10. Name and Address of New Registered Agent

ZIMBLE, DAVID S.
1101 BRICKELL AVE.
PENTHOUSE
MIAMI FL 33131

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 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

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	P	<input type="checkbox"/> DELETE
NAME	JACOB, ALLAN	
STREET ADDRESS	4345 N MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KOPELMAN, JEFFREY	
STREET ADDRESS	840 NE 171 ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SELIGMAN, SHARON	
STREET ADDRESS	3900 N. 45TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELLER, ROBERT	
STREET ADDRESS	4525 N. JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, WILLIAM	
STREET ADDRESS	4577 N.MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	LEHRFIELD, MOSHE	
STREET ADDRESS	1310 N.E. 173RD ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date

305/865-8007

Daytime Phone #

CR2E037 (12/95)