## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name 744454

(0)

TORAS EMES ACADEMY OF MIAMI, INC.

Principal Place of Business Mailing Address								
7902 CARLYLE AVENUE 7902 CARLYLE AVENUE MIAMI BEACH FL 33141-1928								
	•				3. Date incorporated or Qualified 10/03/1978		of Last Re 4/29/198	
2. Principal Place of Business 21 105 J. W. Migmi Basch Blk 26 7141 Indian				reek D	4. FEI Number 59-1870702		<u> </u>	plied For t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				CEL U	g		\$8.75	<del></del>
22					5. Certificate of Status Desired		Fee Re	
City & State City & State					6. Election Campaign Financing		\$5.00	
23 N. Miani Baach, FL 28 Mani Bach.				FL	Trust Fund Contribution		Added t	
Zip	Country	Zip	Count		8. This corporation has liability for		x under s.	199.032,
24 33	3162 25 USA	29 33141 30	1 1	WA		Yes 🗌		
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Re	glatered Ag	jent	
			*	1 Name				
ZIMBLE, DAVID S. 82				2 Street Add	dress (P.O. Box Number is Not Accepta	ble)	***************************************	
1101 BRICKELL AVE.				13				
PENTHOUSE								
MIAMI FL 33131				4 City		FL	<b>85</b> Zip (	Code
11. Pursuant t	to the provisions of Sections 617.0502 a	and 617.1508, Florida Statutes,	the abo	ve-named co	rporation submits this statement for the	ourpose of ci	hanging it	s 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 of	and title if applicable (NOTE R	enisteren 4	Agent signature regu	uired when reinstating)	DATE		
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFI		DIRECTOR	IS IN 12
TITLE	P	DELETE	1.1 TITL	E			Change	Addition
NAME	JACOB, ALLAN		1.2 NAM	IE				
STREET ADDRESS			1.3 STRE	EET ADDRESS				
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY	'-ST-ZIP				
TITLE	V	☐ DELETE	2.1 TITU			L	Change	☐ Addition
NAME	KOPELMAN, JEFFREY		2.2 NAM	IE				
STREET ADDRESS	840 NE 171 ST		2.3 STRE	EET ADDRESS				
CITY - S1 - ZIP	N MIAMI BEACH FL		2.4 CIT	Y-ST-ZIP				
TILE	S	DELETE	3.1 T(T)	<del></del>		L	Change	Addition
NAME	SELIGMAN, SHARON		3.2 NAM	16			•	
STREET ADDRESS	3900 N. 45TH AVE.			EET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021			Y- ST- ZIP				
TITLE	D	DELETE	4.1 TITL				Change	Addition
NAME	HELLER, ROBERT		4. 2 NAM	ME			-	
STREET ADDRESS	4525 N. JEFFERSON AVE			EET ADORESS				
City-St-Zip	MIAMI BEACH FL			-ST-ZIP	·			
TITLE	D D	☐ DELETE	5.1 TITL				Change	Addition
NAME	GORDON, WILLIAM	. –	5.2 NAV				•	ļ
STREET ADDRESS	4577 N.MERIDIAN AVE.			EET ADDRESS				
CITY - ST - ZIP	MIAMI BCH. FL			'-ST-ZIP				
TITLE	V/D	☐ DELETE	6.1 TITL				Change	☐ Addition
NAME	LEHRFIELD, MOSHE		6.2 NAN	<b>I</b>			_ ,	- *****
STREET ADDRESS	1310 N.E. 173RD ST.			EET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3316	أ		-ST-ZIP				ļ
PH L - 91 - 71L		<b>.</b>	U.4 Uil I	- 01 " EII				

SIGNATURE:

CA AHLAN

14. I do 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 13 if changed, or on an attachment with an address.

**FILED** 

Mar 10 1997 8:00am

Secretary of State