

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$369)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

SECRET  
DIVISION OF CORPORATIONS

53 JUN 20 11 01 21

**DOCUMENT # 747418 (2)**

1. Corporation Name  
**MIKVAS BLIMA OF NORTH DADE, INC.**

Principal Place of Business 1054 NE MIAMI GDNS DR. (185 ST.) NORTH MIAMI BEACH FL 33179	Mailing Address 1054 NE MIAMI GDNS DR. (185 ST.) NORTH MIAMI BEACH FL 33179
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/25/1979</b>	3a. Date of Last Report <b>01/24/1994</b>
4. FEI Number <b>59-1957632</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for enterprise tax under s. 199.036, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 29
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

**ZEMEL, MORTON B  
SUITE 111, 16666 NE 19 AVENUE  
NORTH MIAMI BEACH FL**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISTRITZ, NACHAMA	12 NAME	
STREET ADDRESS	1200 NE 173RD ST.	13 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BCH, FL 00000	14 CITY - ST - ZIP	
TITLE	DVP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARO, SUSAN	22 NAME	
STREET ADDRESS	17121 NE 11 COURT	23 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	24 CITY - ST - ZIP	
TITLE	DT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZ, DEBRA	32 NAME	
STREET ADDRESS	17621 NE 7 PLACE	33 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BCH FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: *Debra Weitz* **6/15/95** **949-9650**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E037 (3/95)