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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753043

1. Corporation Name

HAVURAH OF SOUTH FLORIDA, INC.

Principal Place of Business

7800 RED ROAD
SUITE #231
SOUTH MIAMI FL 33143
US

Mailing Address

9315 S.W. 61 COURT
MIAMI FL 33156

9 2838 90027 46



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/20/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2011883
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CHEFITZ, MITCHELL
9315 S.W. 61 COURT
MIAMI FL 33156

10. Name and Address of New Registered Agent

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, MARGRIT	1.2 NAME	
STREET ADDRESS	3608 ROYAL PALM AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENSPAN, GENE	2.2 NAME	TREASURER
STREET ADDRESS	8701 SW 86 CT	2.3 STREET ADDRESS	LYNN AKUJO
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	7511 Red Rd Apt #4
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	PRICE, ROBERT	3.2 NAME	
STREET ADDRESS	9105 SW 65 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, LARRY	4.2 NAME	
STREET ADDRESS	12660 SW 69 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, SHARDY	5.2 NAME	PRESIDENT
STREET ADDRESS	8145 SW 128 ST	5.3 STREET ADDRESS	DAVID FREUNDLICH
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	10464 SW 128 Terr
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CHEFITZ, MITCHELL	6.2 NAME	
STREET ADDRESS	9315 SW 61 COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

APPROVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID FREUNDLICH
Date: **January 4, 1999** Daytime Phone #: **305.666.7349**

CR2E037 (1/98)