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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 753605 (5)
1. Corporation Name
CONGREGATION SHAARE TEFILLAH OF KENDALL, INC.



Principal Place of Business Mailing Address
7880 S.W. 112TH ST., MIAMI FL 33156
7880 S.W. 112TH ST., MIAMI FL 33156-3719

3. Date Incorporated or Qualified 07/30/1980
3a. Date of Last Report 04/17/1996
4. FEI Number 59-2016749
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
MOSKOVITZ, RAUL
7880 S.W. 112TH ST.,
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
TITLE DELETE
NAME ABELS, M. A M.D.
STREET ADDRESS 7880 SW 112TH STREET
CITY-ST-ZIP MIAMI, FL 00000
TITLE DELETE
NAME VPD SAMOLE, MYRON
STREET ADDRESS 7880 SW 112 ST
CITY-ST-ZIP MIAMI FL
TITLE DELETE
NAME VPD ZIMMERMAN, MICHAEL
STREET ADDRESS 7880 S.W. 112TH ST.
CITY-ST-ZIP MIAMI, FL 00000
TITLE DELETE
NAME VPD RESNICK, IRVING
STREET ADDRESS 7880 SW 112 ST
CITY-ST-ZIP MIAMI FL
TITLE DELETE
NAME VPD LEWIN, ALAN, M.D.
STREET ADDRESS 7880 SW 112 ST
CITY-ST-ZIP MIAMI FL
TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 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, 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 checked. _____

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027704

CR2E037 (9/96)