

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra F. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS



APPROVED AND FILED

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DOCUMENT # 762630 (2)

1. Corporation Name  
HOLOCAUST SURVIVORS OF SOUTH FLORIDA, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
8358 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33351 8358 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/29/1982	3a. Date of Last Report 02/03/1994
4. FEI Number 59-2223621	Applied For Not Applicable
5. Certificate of Status Desired <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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
MIRIAM FRIDMAN, PRESIDENT  
3301 ARUBA WAY  
6375 PINEHURST CR.  
COCONUT CREEK 33066

10. Name and Address of New Registered Agent  
B1 Name IRVING GRAIFMAN  
B2 Street Address (P.O. Box Number is Not Acceptable) 7031 N.W. 104th Avenue  
B3 Tamarac  
B4 City Tamarac, FL B5 Zip Code 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Irving Graifman* (IRVING-GRAIFMAN) 2/9/95  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when rotating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME FRIDMAN, MIRIAM	1.1 TITLE PD	IRVING GRAIFMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3301 ARUBA WAY	CITY-ST-ZIP COCONUT CREEK FL	1.2 NAME	7031 N.W. 104th Ave.
TITLE VP	NAME EISENSTEIN, JULIUS	1.3 STREET ADDRESS	Tamarac, Fl. 33321
STREET ADDRESS 2704 N.W. 104TH AVENUE	CITY-ST-ZIP SUNRISE, FL 33322	1.4 CITY-ST-ZIP	
TITLE S	NAME SCHAGRIN, LEON	2.1 TITLE D-VP	Julius Eisenstein <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3900 N.W. 76TH AVENUE	CITY-ST-ZIP SUNRISE FL	2.2 NAME	2704 N.W. 104th Ave.
TITLE TD	NAME WEISSMAN, LEO	2.3 STREET ADDRESS	Sunrise, Fl. 33322
STREET ADDRESS 10145 SUNRISE LKS BLVD	CITY-ST-ZIP SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE T	NAME GRAIFMAN, IRVING	3.1 TITLE D-VP	Moses Katz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7031 N W 104TH AVENUE	CITY-ST-ZIP TAMARAC, FL 33321	3.2 NAME	476 Piedmont J
TITLE	NAME	3.3 STREET ADDRESS	Delray Beach, Fl. 33484
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE TD	NAME WEISSMAN, LEO	4.1 TITLE VP	Joseph Litt <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10145 SUNRISE LKS BLVD	CITY-ST-ZIP SUNRISE FL	4.2 NAME	Joseph Litt
TITLE T	NAME GRAIFMAN, IRVING	4.3 STREET ADDRESS	3203 Portofino Point
STREET ADDRESS 7031 N W 104TH AVENUE	CITY-ST-ZIP TAMARAC, FL 33321	4.4 CITY-ST-ZIP	Coconut Creek, Fl. 33066
TITLE	NAME	5.1 TITLE T-S	Leon Schagrin <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	3900 N.W. 76th Ave.
TITLE	NAME	5.3 STREET ADDRESS	Sunrise, Fl. 33351.
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE T	NAME ABRAHAM KLEINBERG	6.1 TITLE T	Abraham Kleinberg <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10207 SUNRISE LAKES BLVD.	CITY-ST-ZIP SUNRISE FL 33322.	6.2 NAME	Abraham Kleinberg
TITLE	NAME	6.3 STREET ADDRESS	10207 Sunrise Lakes Blvd.
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	Sunrise, Fl. 33322.

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 110.07(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: *Irving Graifman Pres.* 2/9/95  
Signature and typed or printed name of signing officer or director Date (System Issue #)