

ANNUAL REPORT  
1985

Division of Corporations  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 MAY - 1 PM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 763961 (0)

1. Corporation Name  
OHR CHAIM CONGREGATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
317 W 47 STREET MIAMI BEACH FL 33140

3. Date Incorporated or Qualified 06/29/1982  
3a. Date of Last Report 02/08/1994  
4. FEI Number 59-2202972  
Applied For Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
BIRNBAUM, MARC  
20801 BISCAYNE BLVD., #400  
MIAMI FL 33180

10. Name and Address of New Registered Agent  
01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City FL 05 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reconstating)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME GORDON  
STREET ADDRESS 4575 NAUTILUS DR  
CITY - ST - ZIP MIAMI BEACH FL  
TITLE VP  
NAME JACOB BR ALLEN  
STREET ADDRESS 4345 N MERIDIAN AVE  
CITY - ST - ZIP MIAMI BEACH FL  
TITLE SD  
NAME SARG VICTOR  
STREET ADDRESS 5045 N DAT RD  
CITY - ST - ZIP MIAMI BEACH FL  
TITLE TD  
NAME HOLLANDER, AARON  
STREET ADDRESS 4584 N. MICHIGAN  
CITY - ST - ZIP MIAMI BEACH FL 33140

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME GOLD, ZVI  
1.3 STREET ADDRESS 4475 NAUTILUS DR.  
1.4 CITY - ST - ZIP MB FL 33140  
2.1 TITLE VP  Change  Addition  
2.2 NAME MARK POWNER  
2.3 STREET ADDRESS 4541 Adams Ave  
2.4 CITY - ST - ZIP M.B., FL 33140  
3.1 TITLE SD  Change  Addition  
3.2 NAME LUIS KANSKY  
3.3 STREET ADDRESS 4580 N. Meridian Ave  
3.4 CITY - ST - ZIP MB FL 33140  
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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] AVI GOLD Date: 1/30/94  
Signature, typed or printed name of signing officer or director