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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764217 (6)**

1. Corporation Name  
**HEBREW HOME FOR THE AGED, NORTH DADE HOUSING, IN  
CORPORATED**

Principal Place of Business <b>NG. INCORPORATED 320 COLLINS AVENUE MIAMI BEACH FL 33139</b>	Mailing Address <b>NG. INCORPORATED 320 COLLINS AVENUE MIAMI BEACH FL 33139</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

9. Name and Address of Current Registered Agent

**ZUBKOFF, WILLIAM DR  
2 S HIBISCUS DR  
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified <b>07/19/1982</b>	Applied For <b>59-0825837</b>	Not Applicable
4. FEI Number <b>59-0825837</b>		
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALBUT, HYMAN 4470 PINE TREE DR MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GALBUT, RUSSELL 5801 COLLINS AVENUE MIAMI BCH. FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZUBKOFF, WILLIAM 2 SOUTH HIBISCUS DRIVE MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KALUS, ELLIOT 20500 W. COUNTRY CLUB DR. AVENTURA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINAWER, HANNAH 8770 INDIAN CREEK DR. MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROTH, IRWIN 138 N.E. 2ND AVENUE MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**D  
Marshall H. Berkson  
111 Palm Avenue  
Miami Beach Fl. 33139  
200002433792  
-02/18/98--01027--006  
\*\*\*183.75**

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.

SIGNATURE: *[Signature]*

CR2E037 (10/97)