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Jan 17 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 # 767587 (9)

1. Corporation Name

TEMPLE BENARROCH, INC.

Principal Place of Business

17720 N. BAY ROAD, PH A
MIAMI BEACH FL 33160

Mailing Address

17720 N. BAY ROAD, PH A
MIAMI BEACH FL 33160-2807



3. Date Incorporated or Qualified
03/22/1983

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2614063

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENARROCH, MARC
17720 N. BAY ROAD, PH A
NORTH MIAMI BEACH FL 33160

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	DP	<input type="checkbox"/> DELETE
NAME	BENARROCH, MARC, RABBI	
STREET ADDRESS	200 178TH ST.	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ASHER LAWRENCE JACK DRUCKMAN	
STREET ADDRESS	200 178TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BENARROCH, MATHILDE	
STREET ADDRESS	200 178TH ST.	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BENDAVID, DAVID	
STREET ADDRESS	200 178TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	BAROR, JACOB	
STREET ADDRESS	200 178TH ST.	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	ABELKJERR, JACK	
STREET ADDRESS	200 178TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Marc Benarroch MARC BENARROCH PH. 1-9-1997 3059314161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031570

CR2E037 (9/96)