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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/22/1983	Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-2614063	
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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
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	DRUCKMAN, JACK
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 checked="" 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MUELEM EZRA
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 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:  **BENARROCH MARC** 3-18-1998 305 931-4161

CP2E037 (10/97)