


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90099 030 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840177

1. Corporation Name
CONGREGATION BETH YESHAYE OF KERESZTUR, INC.

Principal Place of Business 3401 PRAIRIE AVENUE MIAMI BEACH FL 33140	Mailing Address 3401 PRAIRIE AVENUE MIAMI BEACH FL 33140
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/27/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 84-0000177
City & State 23	City & State 28	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GALBET, ABRAHAM ESQ. 999 WASHINGTON AVE. MIAMI BEACH FL 33139	10. Name and Address of New Registered Agent 81 Name L. FELDMAN 82 Street Address (P.O. Box Number is Not Acceptable) 3410 ROYAL PALM AVENUE 83 84 City Miami Beach FL 85 Zip Code 33140
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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 *L. Feldman* **L. FELDMAN** DATE **01/13/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSZ, ARMIN	1.2 NAME	
STREET ADDRESS	3401 PRAIRIE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBET, ABRAHAM D.	2.2 NAME	L. FELDMAN
STREET ADDRESS	999 WASHINGTON AVENUE	2.3 STREET ADDRESS	3410 ROYAL PALM AVENUE
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANANTE, GROSZ	3.2 NAME	
STREET ADDRESS	3167 ROYAL PALM AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Armin Grosz* **SIGNATURE REQUIRED ARMIN GROSZ** DATE **01/13/99** DAYTIME PHONE # **305-673-4272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)