


FILE NOW: FILING FEE IS \$61.25

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Jul 02 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 # 846140 (2)
 1. Corporation Name
ISRAEL AND CLARA SILVER FOUNDATION CORPORATION



Principal Place of Business		Mailing Address	
19707 TURNBERRY WAY APT. 7G NORTH MIAMI BEACH FL 33180		19707 TURNBERRY WAY APT. 7G NORTH MIAMI BEACH FL 33180	
2. Principal Place of Business	2a. Mailing Address	d/o HIRSH & Co.	
21	26	8525 N.W. 53 TERR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	SUITE 206	
22	27	MIAMI, FL.	
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30
		33166	U.S.A.

3. Date Incorporated or Qualified	
06/04/1980	
4. FEI Number	Applied For
23-7045589	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PESETSKY, WALTER S ESQUIRE 1367 N.E. 162ND ST NORTH MIAMI BEACH FL 33162		81 Name JAMES R GEORGE, Esquire 82 Street Address (P.O. Box Number is Not Acceptable) RUDEN, McLOSKEY, SMITH, SCHOSTER & RUSSELL 83 701 BRICKELL AVENUE SUITE 1900 84 City MIAMI FL 85 Zip Code 33131	

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 James R. George (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVER, ISRAEL	1.2 NAME	ADELE HOCHFELDER
STREET ADDRESS	19707 TURNBERRY WAY, #7G	1.3 STREET ADDRESS	8305 NW 61 STREET
CITY-ST-ZIP	N, MIAMI BEACH FL 33180	1.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PESETSKY, WALTER	2.2 NAME	BARBARA S. JACOBS
STREET ADDRESS	1367 NE 162 ST	2.3 STREET ADDRESS	7360 SOUTH ORIOLE BLVD # 703 E
CITY-ST-ZIP	N MIAMI BEACH FL 33162	2.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33446
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOPPEL, WILLIAM C	3.2 NAME	PHYLLIS STEINBERG
STREET ADDRESS	17971 BISCAYNE BLVD	3.3 STREET ADDRESS	7370 SOUTH ORIOLE BLVD # 507
CITY-ST-ZIP	N MIAMI BEACH FL 33160-2588	3.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33446
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.

SIGNATURE Barbara S. Jacobs 5/18/98 561-499-1618

CR2E037 (10/97)