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FILED
Jan 30 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 # F93000000801 (1)

1. Corporation Name

COMMITTEE FOR ACCURACY IN MIDDLE EAST REPORTING
IN AMERICA, INC.

Principal Place of Business

Mailing Address

PO BOX 398362
MIAMI BEACH FL 33139

PO BOX 398362
MIAMI BEACH FL 33239-8362
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/03/1993

3a. Date of Last Report

01/26/1996

4. FEI Number

04-3079992

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

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

RUBIN, EVELYN
4200 BISCAYNE BLVD
3RD FLOOR
MIAMI FL 33137

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 DC ☐ DELETE

NAME RUBIN, EVELYN
STREET ADDRESS 400 SOUTH POINTE DR., APT 2408
CITY-ST-ZIP MIAMI BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VC ☐ DELETE

NAME RESNICK, PHYLLIS
STREET ADDRESS 400 SOUTH POINTE DR., APT 1004
CITY-ST-ZIP MIAMI BEACH FL

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME RUBIN, HERMAN
STREET ADDRESS 400 SOUTH POINTE DR.
CITY-ST-ZIP MIAMI BEACH FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LYONS, NATALIE
STREET ADDRESS 1010 ANDORA AVE
CITY-ST-ZIP CORAL GABLES FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME LEVIN, ANDREA
STREET ADDRESS 155 ALDEN ST
CITY-ST-ZIP NEWTONVILLE MA

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 X EVELYN RUBIN

X Jan 17 1997

CR2E037 (9/96)