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Feb 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 # **F93000000801 (1)**

1. Corporation Name

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

Principal Place of Business PO BOX 396362 MIAMI BEACH FL 33139	Mailing Address PO BOX 396362 MIAMI BEACH FL 33239 US
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3. Date Incorporated or Qualified

02/03/1993

4. FEI Number

52-1332702

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

31 Name

RUBIN, EVELYN

~~4000 BISCAYNE BLVD~~

~~3RD FLOOR~~

~~MIAMI FL 33137~~

**4200 BISCAYNE BLVD
3RD FLOOR
MIAMI, FL 33137**

Street Address (P.O. Box Number is Not Acceptable)

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

Evelyn Rubin

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**

TITLE **VC** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **P** ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Evelyn Rubin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8 98 305 532 6222

CR2E037 (10/97)