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Jan 28, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000801

1. Corporation Name

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

Principal Place of Business

PO BOX 398362
MIAMI BEACH FL 33139

Mailing Address

PO BOX 398362
MIAMI BEACH FL 33239
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/03/1993

4. FEI Number

52-1332702

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

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

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Jan 10 99

Date

305.532.8222

Daytime Phone #

CR2E037 (1/198)