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95 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003291 (2)
1. Corporation Name
AMERICAN JEWISH WORLD SERVICE, INC.

Principal Place of Business Mailing Address
15 WEST 26TH ST. 15 WEST 26TH ST.
9TH FLOOR 9TH FLOOR
NEW YORK NY 10010 NEW YORK NY 10010

3. Date Incorporated or Qualified 07/12/1993 3a. Date of Last Report 05/01/1994
4. FEI Number 22-2584370 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent
PHILLIPS, LAWRENCE
2197 NW 60 ROAD
BOCA RATON FL 33496

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.
SIGNATURE Lawrence S. Phillips - LAWRENCE S. PHILLIPS 4/18/95
Signature, typed or printed name of registered agent and title and address. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	BUTTERWIESER, LAWRENCE
STREET ADDRESS	575 MADISON AVE.
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	DS
NAME	WALLACH, ERIC J
STREET ADDRESS	575 MADISON AVE.
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	J
NAME	JOSEPH, PETER
STREET ADDRESS	126 EAST 56TH ST.
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	P
NAME	GRIFFEL, ANDREW
STREET ADDRESS	40 EAST 84TH STREET, APT. 4C
CITY - ST - ZIP	NEW YORK NY 10003
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wallach, Eric J.	
1.3 STREET ADDRESS	Rosenman & Colin/ 575 Madison Avenue	
1.4 CITY - ST - ZIP	New York, N.Y. 10022	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wiener, Laurence S.	
2.3 STREET ADDRESS	123 S. Williaman Drive	
2.4 CITY - ST - ZIP	Beverly Hills, Ca. 90211	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Friedman, Martin	
3.3 STREET ADDRESS	200 East 33rd Street	
3.4 CITY - ST - ZIP	New York, N.Y. 10016	
4.1 TITLE	(No Change)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Vice-Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shaevitz, Jonathon D.	
5.3 STREET ADDRESS	104 W. 70th Street	
5.4 CITY - ST - ZIP	New York, N.Y. 10023	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Andrew Griffel 4/20/95 (212) 683-1161
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR