FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:26

DOCUMENT # **L54145** **(2)**

1. Corporation Name
TORAH LIFE & LIVING, INC.

Principal Place of Business
C/O DAVID C. SILBERGLEIT
1032 N.E. 176TH TERRACE
NORTH MIAMI BEACH FL 33162

Mailing Address
C/O DAVID C. SILBERGLEIT
1032 N.E. 176TH TERRACE
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business
21 18800 NW 2 Ave
Suite, Apt. #, etc.
22 115
City & State
23 Miami FL
Zip 24 33169 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0196864 ☐ 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

9. Name and Address of Current Registered Agent

SILBERGLEIT, DAVID C.
17027 W DIXIE HWY #111
33160MI BCH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 18800 NW 2 Ave # 204
83
84 City Miami FL 85 Zip Code 33169

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BERSTEIN, JESS	12 NAME		
STREET ADDRESS	995 NE 170 ST.	13 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	SILBERGLEIT, DAVID C	22 NAME		
STREET ADDRESS	1032 NE 176TH TERRACE	23 STREET ADDRESS	18800 NW 2 Ave #204	
CITY-ST-ZIP	NO.MIAMI BEACH FL	24 CITY-ST-ZIP	Miami FL 33169	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, SCOTT	32 NAME		
STREET ADDRESS	1109 N. FEDERAL HIGHWAY STE. 8	33 STREET ADDRESS		
CITY-ST-ZIP	HOLLYLWOOD FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: David Silberglelt MAY 19, 1995 (305) 654-0234
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0176381 CP