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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 # N01866 (5)
1. Corporation Name
SOUTH DADE VAAD HAKASHRUTH, INC



Principal Place of Business: 9353 S.W. 152ND AVENUE MIAMI FL 33196
Mailing Address: 9353 S.W. 152ND AVENUE MIAMI FL 33196-1205

3. Date Incorporated or Qualified: 03/09/1984
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

4. FEI Number: 59-2404035
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
BERKOWITZ, PAUL
1221 BRICKELL AVE
SUITE 2200
MIAMI FL 33131

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 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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUERBACH, DAVID H RABBI	1.2 NAME
STREET ADDRESS	7500 SW 120 ST	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, NORMAN RABBI	2.2 NAME
STREET ADDRESS	9353 S.W. 152ND AVENUE	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33196	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, LARRY RABBI	3.2 NAME
STREET ADDRESS	9353 S.W. 152ND AVENUE	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33196	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

33156
D OLER, I. DAVID
2625 S.W. 3rd AVENUE
MIAMI, FL. 33129

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: *David H. Auerbach* 1/30/97 238-2601

CR2E037 (9/96)