

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07863** (6)

1. Corporation Name

**BET SHIRA CONGREGATION, INC.**



Principal Place of Business	Mailing Address
7500 SW 120TH ST. MIAMI FL 33156	7500 SW 120TH ST. MIAMI FL 33156-5210

3. Date Incorporated or Qualified <b>02/25/1985</b>	3a. Date of Last Report <b>04/22/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2500437</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip	28 Zip	Country	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TESCHER, GAIL S**  
**7500 SW 120 ST**  
**MIAMI FL 33156**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 *Gail S. Tescher* DATE **4-16-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MANNERS, RICHARD</b>	1.2 NAME	<b>Isloff, Laurel</b>
STREET ADDRESS	<b>12621 SW 70TH AVE</b>	1.3 STREET ADDRESS	<b>12730 SW 77 CT.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33156</b>
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LARKIN, JEREMY</b>	2.2 NAME	<b>Rosenthal, Daniel</b>
STREET ADDRESS	<b>7901 SW 143RD ST</b>	2.3 STREET ADDRESS	<b>6500 SW 131 St.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>Miami, FL 33156</b>
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINBERGER, IRENE</b>	3.2 NAME	
STREET ADDRESS	<b>4994 HAMMOCK LAKE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSNER, CURT</b>	4.2 NAME	
STREET ADDRESS	<b>15701 SW 78 AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TESCHER, GAIL S.</b>	5.2 NAME	
STREET ADDRESS	<b>13500 SW 69 CT.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>5020 SW 65 AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	

14. I do 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: *Gail S. Tescher* DATE **4-16-97** DAYTIME PHONE # **305-238-2601**

CR2E037 (9/96)