FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 16 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N09674 (5)

1. Corporation Name

MT. SINAI N.M.B. TEMPLE, INC.

Principal Place of Business	Mailing Address
C/O HERMAN LIPPERT 3030 MARCOS DR. T-611 N. MIAMI BEACH FL 33160	C/O HERMAN LIPPERT 3030 MARCOS DR. T-611 N. MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 06/11/1985
3a. Date of Last Report: 01/20/1994
4. FEI Number: 65-0041568 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LIPPERT, HYMAN
3030 MARCOS DR. T-611
NORTH MIAMI BEACH FL 33160

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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, E.M.	1.2 NAME	
STREET ADDRESS	151 SW 52 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☑ Addition
NAME	BRODY, BENJAMIN Deceased	2.2 NAME	Randolph C May
STREET ADDRESS	2905 POINT E.DR.,# L-509	2.3 STREET ADDRESS	19840 NE Miami Ct
CITY-ST-ZIP	N.MIAMI BEACH FL	2.4 CITY-ST-ZIP	N. Miami Beach, Fl. 33162
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LIPPERT, HERMAN	3.2 NAME	
STREET ADDRESS	3030 MARCOS DR. T-611	3.3 STREET ADDRESS	
CITY-ST-ZIP	N.MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LABOTT, HENRY	4.2 NAME	
STREET ADDRESS	5306 N.W. 49 TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, L.	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	KRUFMAN, ALEX	5.2 NAME	
STREET ADDRESS	8100 S.W. 24TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE, FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	CIMENT, ROBERT	6.2 NAME	
STREET ADDRESS	2910 POINTEAST DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Herman Lippert 2/17/95 305-931-1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043868