

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N13860** (4)
1. Corporation Name
CONGREGATION AGUDATH ACHIM FOUNDATION, INC.



Principal Place of Business
**19255 NE 3RD AVE
NORTH MIAMI FL 33179**

Mailing Address
**19255 NE 3RD AVE
NORTH MIAMI FL 33179**

3. Date Incorporated or Qualified
03/17/1986

3a. Date of Last Report
02/20/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2702759		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**ZELLNER, MORRIS
245 NE 191 ST
N MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name	Philip Sobel
82 Street Address (P.O. Box Number is Not Acceptable)	20120 N.E. 2nd Avenue
83	
84 City	N. Miami
85 State	FL
86 Zip Code	33179

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 *Philip Sobel* **Philip Sobel** **May 14, 1996**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ZELLNER, MORRIS	1.2 NAME	Sobel, Philip
STREET ADDRESS	245 NE 191 ST	1.3 STREET ADDRESS	20120 N.E. 2nd Avenue
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	N. Miami, FL 33179
TITLE	V	2.1 TITLE	T
NAME	SOBEL, PHILIP	2.2 NAME	Maler, Jozsef
STREET ADDRESS	20120 NE 2ND AVENUE	2.3 STREET ADDRESS	125 N.W. 197th Street
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33169
TITLE	D	3.1 TITLE	T
NAME	SIEGEL, HAROLD	3.2 NAME	Zellner, Ruth
STREET ADDRESS	18801 N.E. 2ND AVE.	3.3 STREET ADDRESS	245 N.E. 191 Street
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	N. Miami, FL 33179
TITLE	D	4.1 TITLE	T
NAME	ZELEVANSKY, PHILIP	4.2 NAME	Maler, Elaine
STREET ADDRESS	251 NE 187TH ST	4.3 STREET ADDRESS	125 N.W. 197th Street
CITY-ST-ZIP	N MIAMI FL	4.4 CITY-ST-ZIP	Miami, Florida 33169
TITLE	D	5.1 TITLE	
NAME	POUPKO, JAY	5.2 NAME	400001833774
STREET ADDRESS	831 NE 206 ST	5.3 STREET ADDRESS	-05/22/96--01016--008
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	***61.25
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: *Philip Sobel* **Philip Sobel** **5/14/96** **652-2901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)