

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 # N14347 (1)

1. Corporation Name
HOLOCAUST MEMORIAL COMMITTEE, INC.



Principal Place of Business
**1933 MERIDIAN AVE
MIAMI BCH. FL 33139
US**

Mailing Address
**ONE SE 3 AVE
STE 2130
MIAMI FL 33131
US**

3. Date Incorporated or Qualified
04/11/1986

3a. Date of Last Report
01/23/1995

4. FEI Number
59-2659641

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

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

Country
25
Country
30

9. Name and Address of Current Registered Agent

**SMITH, HARRY B
RUDEN BARNETT
701 BRICKELL AVE #1900
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	RESNICK, ABE	
STREET ADDRESS	1228 ALTON RD	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KATZ, EZRA	
STREET ADDRESS	2665 SO BAYSHORE DR	
CITY - ST - ZIP	COCONUT GROVE FL	
TITLE	VP/T	<input type="checkbox"/> DELETE
NAME	TREISTER, KENNETH	
STREET ADDRESS	3666 BATTERSEA RD	
CITY - ST - ZIP	COCONUT GROVE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHAECTER, DAVID	
STREET ADDRESS	DNS 3000 NW 125 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ROTHFIELD, WENDY	
STREET ADDRESS	21075 NE 25TH ST	
CITY - ST - ZIP	N. MIAMIA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLDBLOOM, GEORGE	
STREET ADDRESS	201 ALHAMBRA CIRCLE	
CITY - ST - ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NORMAN BRAMAN	
1.3 STREET ADDRESS	ONE S.E. 3RD AVE. SUITE 2130	
1.4 CITY - ST - ZIP	MIAMI, FL 33131	
2.1 TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACK CHESTER	
2.3 STREET ADDRESS	1865 BRICKELL AVE.#1109 BLDG. A	
2.4 CITY - ST - ZIP	MIAMI, FL 33129	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ABE RESNICK	
3.3 STREET ADDRESS	1228 ALTON RD.	
3.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RABBI SOLOMON SCHIFF	
4.3 STREET ADDRESS	GMJF 4200 BISCAYNE BLVD.	
4.4 CITY - ST - ZIP	MIAMI, FL 33137	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HARRY SMITH	
5.3 STREET ADDRESS	RUDEN BARNETT 701 BRICKELL AVE.	
5.4 CITY - ST - ZIP	MIAMI, FL 33131	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	# Deposited by Bank	
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(9)(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: X _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)

2/17/96