


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N14347 (1)**
1. Corporation Name
HOLOCAUST MEMORIAL COMMITTEE, INC.



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| Principal Place of Business 1933 MERIDIAN AVE MIAMI BCH. FL 33139 US | Mailing Address ONE SE 3 AVE STE 2130 MIAMI FL 33131-1704 US |
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| 3. Date Incorporated or Qualified 04/11/1986 | 3a. Date of Last Report 03/18/1996 |
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|---|--|--|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 1933-1945 MERIDIAN AVE. | 4. FEI Number 59-2659641 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt #, etc. | Suite, Apt #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State 23 | City & State 28 MIAMI BEACH, FL | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Zip 24 | Country 25 | Zip 29 33139 | Country 30 DADE |

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 |
| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | VP <input type="checkbox"/> DELETE | 1.1 TITLE | P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RESNICK, ABE | 1.2 NAME | NORMAN BRAMAN |
| STREET ADDRESS | 1228 ALTON RD | 1.3 STREET ADDRESS | ONE S.E. 3RD AVE. SUITE 2130 |
| CITY-ST-ZIP | MIAMI BCH FL | 1.4 CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KATZ, EZRA | 2.2 NAME | JACK CHESTER |
| STREET ADDRESS | 2665 SO BAYSHORE DR | 2.3 STREET ADDRESS | 1865 BRICKELL AVE. #1109 BLDG. A |
| CITY-ST-ZIP | COCONUT GROVE FL | 2.4 CITY-ST-ZIP | MIAMI, FL 33129 |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TREISTER, KENNETH | 3.2 NAME | |
| STREET ADDRESS | 3660 BATTERSEA RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT GROVE FL | 3.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHAECTER, DAVID | 4.2 NAME | RABBI SOLOMON SCHIFF |
| STREET ADDRESS | DNS 3000 NW 125 ST | 4.3 STREET ADDRESS | GMJF 4200 BISCAYNE BLVD. |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | MIAMI, FL 33137 |
| TITLE | VTD <input type="checkbox"/> DELETE | 5.1 TITLE | VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROTHFIELD, WENDY | 5.2 NAME | HARRY SMITH |
| STREET ADDRESS | 21075 NE 25TH ST | 5.3 STREET ADDRESS | RUDEN BARNETT 701 BRICKELL AVE. |
| CITY-ST-ZIP | N. MIAMIA BEACH FL | 5.4 CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | VD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLDBLOOM, GEORGE | 6.2 NAME | |
| STREET ADDRESS | 201 ALHAMBRA CIRCLE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 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: _____ SIGNATURE REQUIRED *[Signature]* Date: _____ (305) 352-1889 Daytime Phone # 0026458

CR2E037 (9/96)