


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14347 (1)
 1. Corporation Name
HOLOCAUST MEMORIAL COMMITTEE, INC.



Principal Place of Business 1933 MERIDIAN AVE MIAMI BCH. FL 33139 US	Mailing Address 1933-1945 MERIDIAN AVE. STE 2130 MIAMI FL 33139 US
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3. Date Incorporated or Qualified
04/11/1986

4. FEI Number
59-2659641

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	VP/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMAN, NORMAN	1.2 NAME	ABE RESNICK
STREET ADDRESS	ONE SE 3RD AVE., SUITE 2130	1.3 STREET ADDRESS	1228 ALTON RD
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, EZRA	2.2 NAME	JACK CHESTER
STREET ADDRESS	2665 SO BAYSHORE DR	2.3 STREET ADDRESS	1865 BRICKELL AVE. #1109BLDG. A
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREISTER, KENNETH	3.2 NAME	RABBI SOLOMON SCHIFF
STREET ADDRESS	3660 BATTERSEA RD	3.3 STREET ADDRESS	GMJF 4200 BISCAYNE BLVD.
CITY-ST-ZIP	COCONUT GROVE FL	3.4 CITY-ST-ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	VP/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAECTER, DAVID	4.2 NAME	HARRY SMITH, ESQ.
STREET ADDRESS	DNS 3000 NW 125 ST	4.3 STREET ADDRESS	RUDEN BARNETT 701 BRICKELL AVE.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHFIELD, WENDY	5.2 NAME	
STREET ADDRESS	21075 NE 25TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMIA BEACH FL	5.4 CITY-ST-ZIP	
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 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: 

CF2E037 (10/97)