

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:31

DOCUMENT # **N25919** (4)

1. Corporation Name

CONGREGATION BETH-EL OF MIAMI BEACH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2400 PINE TREE MIAMI BEACH FL 33140 US
P.O. BOX 3544 MIAMI BEACH FL 33140 US

3. Date Incorporated or Qualified **04/14/1988** 3a. Date of Last Report **02/28/1994**
4. FEI Number **65-0098928** 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 24 Country 25 29 Zip 30 Country

5. Certificate of Status Destroyed \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 601(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

9. Name and Address of Current Registered Agent
AZULAY, SHIMON
2838 PRAIRIE AVENUE
MIAMI BEACH FL 33140

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 607.0805, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **JAN. 24. 95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERLIN, MORTON
STREET ADDRESS	2350 PRAIRIE AVE.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	SAND, JULIUS
STREET ADDRESS	4385 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	PAUL, ALEX
STREET ADDRESS	2525 PINE TREE DRIVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	V
NAME	AZULAY, SHIMON
STREET ADDRESS	2838 PRAIRIE AVE.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAUL, ALEX
1.3 STREET ADDRESS	2525 PINE TREE DR
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAND, JULIUS
2.3 STREET ADDRESS	4385 COLLINS AVE
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SILVERMAN, BEN
3.3 STREET ADDRESS	6391 NO. BAY RD
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
4.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AZULAY, SHIMON
4.3 STREET ADDRESS	2838 PRAIRIE AVE.
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 acknowledgment.

SIGNATURE: *[Signature]* **JAN. 24. 95** (305) 576 4030