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Feb 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N25919** (4)
1. Corporation Name
CONGREGATION BETH-EL OF MIAMI BEACH, INC.



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 **01/31/1996**

| | | | |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 65-0098928 | Applied For <input type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 Zip Country | 28 Zip Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 Zip Country | 29 Zip Country | | |

| | | | | |
|------------------------------------------------------------------------|--|-------------------------------------------------------|-----------|-------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| AZULAY, SHIMON 2838 PRAIRIE AVENUE MIAMI BEACH FL 33140 | | 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 617.1503, 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 *[Signature]* **Feb. 5, 97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAUL, ALEX | 1.2 NAME | |
| STREET ADDRESS | 2525 PINE TREE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAND, JULIUS | 2.2 NAME | |
| STREET ADDRESS | 4385 COLLINS AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVERMAN, BEN | 3.2 NAME | |
| STREET ADDRESS | 6391 N. BAY ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | V | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AZULAY, SHIMON | 4.2 NAME | |
| STREET ADDRESS | 2838 PRAIRIE AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 without address.

SIGNATURE *[Signature]* **Feb. 5, 97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (9/96)