FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

N25919

(4)

CONG	REGATION BETH-E	EL OF MIAMI BEACH, INC.				
Principal Place of Business Mailing Address					-	BEL BUULE BENEF DIREL DIBLE RANK 100F
2400 PINE TRE MIAMI BEACH US		P.O. BOX 3544 Miami Beach FL 33140 US	MIAMI BEACH FL 33140		3. Date Incorporated or Qualified	Applied For
2. Principal P	lace of Business	2a. Mailing Address	} 1		5. Certificate of Status Desired	AA
Suite, Apt.	# etc	26 Suite Ant # etc	Suite, Apt. #, etc.			Fee Required
22	w, 610.	-	27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	ie	City & State			7. Is this nonprofit corporation a homeowners association?	
23		28	- - - - - - - - - - 		☐ Yes 🛣 No	
Zip	Country	Zip	Country		8. This corporation owes or has paid the	e current year Intangible
24	25 29 30 30 30 30 30 30 30 3		[30]		Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes 155 No
at trains and Admires of Sullow Hogisteles Agent				Name		
AZULAY, SHIMON			82 :	Street Addre	ss (P.O. Box Number is Not Acceptable)	
2838 PRAIRIE AVENUE MIAMI BEACH FL 33140			83			
			1 1	City		EL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-nar office or registered agent, or both, in the State of Florida. Such obtaine was authorized by the agent. I am ignificant and accept the obligations of, Section 617.0503, Florida Statutes.				named corpo he corporatio	oration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	K/N'		NOTE: Registered Agent		Jon. 18	GE 98
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	* * * * * * * * * * * * * * * * * * *		1.2 NAME			
STREET ADDRESS	2525 PINE TREE DI	RIVE	1.3 STREET AD	- 1		
CITY-ST-ZIP TITLE	MIAMI BEACH FL D DELETE		1.4 CITY-ST-	ZIP		Change Addition
NAME	04170 0111110		2.2 NAME			C Oldigo C Addition
STREET ADDRESS	4000 0011010 110010		2.3 STREET AD	DRESS		
CITY-ST-ZIP	Adda as mind out the		2.4 CITY-ST-	ZIP		
TITLE	D	DELETE	3.1 TITLE			Change Addition
NAME	V		3.2 NAME			
STREET ADDRESS			3.3 STREET AD	· 1		
CITY-ST-ZIP TITLE			3.4. CITY-ST- 4.1 TITLE	ZIP		Change Addition
NAME	AZULAY, SHIMON	C otter	4.2 NAME			Li ping Li vogitor
STREET ADDRESS			4.3 STREET AD	ORESS		
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.4 CITY-ST-2	- 1		
TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AD	ODRESS		
CITY-ST-ZIP	<u> </u>	[] helese	5.4 CITY - ST - Z	915		700000
TITLE		DELETE	6.1 TITLE			Change Addition

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.

6.3 STREET ADDRESS

RABBUS HINON AZULAI 11898 1305) 254 6463

FILED

Feb 05 1998 8:00am

Secretary of State