

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 24 1996 8:00 am
Secretary of State

DOCUMENT # *1127531*

1. Corporation Name
INSTITUTO CULTURAL FLORIDANO-ISRAELI, Inc.

Principal Place of Business Mailing Address
*100 N. BISCAYNE BLVD
MIAMI, FL. 33132*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <i>7/20/88</i>		3a. Date of Last Report <i>2/9/95</i>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <i>65-0335078</i>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<i>VERA DUBSON 13200 SW 59 AVE. MIAMI, FL 33158</i>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<i>14071 S.W. 67th</i>		
				84	City		
				FL	85	Zip Code	
						<i>33158</i>	

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature and typed or printed name of registered agent and their approval. (Date) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <i>PD</i>	<i>VERA DUBSON</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS	<i>13200 SW 59 AVE</i>	1.3 STREET ADDRESS	<i>14071 S.W. 67th</i>
CITY, ST, ZIP	<i>MIAMI FL</i>	1.4 CITY, ST, ZIP	<i>MIAMI 33158</i>
TITLE <i>D</i>	<i>MUHTAR EZEQUEL</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	<i>1115 NORTH SHORE BLVD</i>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<i>FL</i>	2.4 CITY, ST, ZIP	
TITLE <i>CD</i>	<i>FALIC, NILY</i>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	<i>1275 N. BISCAYNE PT. RD.</i>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<i>MIAMI BEACH, FL.</i>	3.4 CITY, ST, ZIP	
TITLE <i>D</i>	<i>DADRON, EDUARDO</i>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS	<i>300 N.E. 2ND AVE. #1301</i>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<i>MIAMI, FL.</i>	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	<i>000001903830</i>
CITY, ST, ZIP		6.4 CITY, ST, ZIP	<i>-07/25/96--01004--033</i>
			<i>***225.00</i>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vera Dubson* July 18/96 278-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)