

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 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 # N27784 (0)

1. Corporation Name

PROJECT HERITAGE OF GREATER MIAMI, INC.



Principal Place of Business

Mailing Address

633 NE 167TH STREET  
SUITE 1009  
N. MIAMI BEACH FL 33162  
US

633 N.E. 167TH STREET  
SUITE 1009  
N. MIAMI BEACH FL 33162-2448  
US

3. Date Incorporated or Qualified  
08/08/1988

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

4. FEI Number

65-0080441

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALBUT, ABRAHAM A.  
999 WASHINGTON AVENUE  
MIAMI BEACH FL 33139

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

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 D DELETED  
NAME GRUENSTEIN, MOSHE  
STREET ADDRESS 2880 PINETREE DR  
CITY-ST-ZIP MIAMI BEACH FL

1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D DELETED  
NAME HELLRING, LARRY  
STREET ADDRESS 2000 S. BAYSHORE DR. #19  
CITY-ST-ZIP COCONUT GROVE FL

2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D DELETED  
NAME GRUNBLATT, KEEVA  
STREET ADDRESS 17610 N. E. 8TH PLACE  
CITY-ST-ZIP N.MIAMI BEACH FL

3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D DELETED  
NAME GALBUT, ABRAHAM A.  
STREET ADDRESS 4425 N. MICHIGAN AVE  
CITY-ST-ZIP MIAMI BEACH FL

4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten signature*

305-652-8953

Date

Daytime Phone # 0031816

CF2E037 (9/96)