

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-05-1999 90009 020 *****61.25

DOCUMENT # N27784

1. Corporation Name
PROJECT HERITAGE OF GREATER MIAMI, INC.

Principal Place of Business
633 NE 167TH STREET
SUITE 1009
N. MIAMI BEACH FL 33162
US

Mailing Address
633 N.E. 167TH STREET
SUITE 1009
N. MIAMI BEACH FL 33162
US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/08/1988
22	City & State	City & State	4. FEI Number
	Zip	Zip	65-0080441
23	Country	Country	Applied For
			Not Applicable
24			5. Certificate of Status Desired <input type="checkbox"/>
25		30	\$8.75 Additional Fee Required
			6. Election Campaign Financing <input type="checkbox"/>
			\$5.00 May Be Added to Fees

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUENSTEIN, MOSHE	1.2 NAME	
STREET ADDRESS	675 NE 178TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33162	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLRING, LARRY	2.2 NAME	
STREET ADDRESS	2000 S. BAYSHORE DR. #19	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNBLATT, KEEVA	3.2 NAME	
STREET ADDRESS	17610 N. E. 8TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBUT, ABRAHAM A.	4.2 NAME	
STREET ADDRESS	4425 N. MICHIGAN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Moshe Gruenstein* 1-18-99-305 675-9953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)