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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # *N 28549*  
1. Corporation Name  
*CONCREGATION BETH DAVID*

Principal Place of Business Mailing Address  
*2625 S.W. THIRD AVE MIAMI, FL 33129 US* *2625 S.W. THIRD AVE MIAMI, FL 33129 US*

2. Principal Place of Business 2a. Mailing Address  
21 *SAME AS ABOVE* 28 *SAME AS ABOVE*  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 26 City & State  
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified *7/25/1917* *05/01/97*  
4. FEI Number *59-0637812*  
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  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
*TRAUM, SYDNEY S.  
201 ALHAMBRA CIRCLE  
SUITE #1200  
CORAL GABLES, FL 33134*

10. Name and Address of New Registered Agent  
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

TITLE	<i>V.D</i>	<input type="checkbox"/> DELETE
NAME	<i>EDWARD S. SACHS</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>V.D</i>	<input type="checkbox"/> DELETE
NAME	<i>LIONEL GELFAND</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>V.D</i>	<input type="checkbox"/> DELETE
NAME	<i>MARTIN Hershbein</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>V.D</i>	<input type="checkbox"/> DELETE
NAME	<i>BRUCE LITWER</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>V.D</i>	<input type="checkbox"/> DELETE
NAME	<i>JAY SPIELER</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>P.D</i>	<input type="checkbox"/> DELETE
NAME	<i>JOSEPH FALIK</i>	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>V.D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>EDWARD S SACHS</i>	
1.3 STREET ADDRESS	<i>12404 S.W. 116</i>	
1.4 CITY-ST-ZIP	<i>MIAMI, FL 33176</i>	
2.1 TITLE	<i>V.D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>LIONEL GELFAND</i>	
2.3 STREET ADDRESS	<i>6010 GRANADA BLVD</i>	
2.4 CITY-ST-ZIP	<i>CORAL GABLES FL 33146</i>	
3.1 TITLE	<i>V.D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>MARTIN Hershbein</i>	
3.3 STREET ADDRESS	<i>9300 S.W. 104th ST</i>	
3.4 CITY-ST-ZIP	<i>MIAMI, FL 33176</i>	
4.1 TITLE	<i>V.D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>BRUCE LITWER</i>	
4.3 STREET ADDRESS	<i>3700 HARLOW ST</i>	
4.4 CITY-ST-ZIP	<i>CORAL GABLES, FL 33134</i>	
5.1 TITLE	<i>V.D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>JAY SPIELER</i>	
5.3 STREET ADDRESS	<i>418 EWOUL A Ave</i>	
5.4 CITY-ST-ZIP	<i>CORAL GABLES, FL 33146</i>	
6.1 TITLE	<i>P.D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<i>JOSEPH FALIK</i>	
6.3 STREET ADDRESS	<i>1770 MIRANOPY AVE</i>	
6.4 CITY-ST-ZIP	<i>COCONUT GROVE FL 33133</i>	

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, upon an attachment with an address.

SIGNATURE: *S. Ball* DATE: *3/18/98*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)