


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90050 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N28549		
1. Corporation Name CONGREGATION BETH DAVID		
Principal Place of Business 2625 SW THIRD AVE. MIAMI FL 33129 US	Mailing Address 2625 SW THIRD AVE. MIAMI FL 33129 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/24/1917
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0637812
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
30	31	32
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

TRAUM, SYDNEY S.
 201 ALHAMBRA CIRCLE
 SUITE #1200
 CORAL GABLES FL 33134

*Keep current
 Registered
 agent*

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	VD <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHS, EDWARD S	1.2 NAME	
STREET ADDRESS	12904 S.W. 116TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELFAND, LIONEL	2.2 NAME	
STREET ADDRESS	6010 GRANADA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	
TITLE	BVD <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSHEINTH, MARTIN	3.2 NAME	Hersh Beinh, MARTIN
STREET ADDRESS	9300 S.W. 104TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITWER, BRUCE	4.2 NAME	
STREET ADDRESS	3700 HARLANO STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIELER, JAY	5.2 NAME	
STREET ADDRESS	418 LUENGA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	5.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALK, JOSEPH	6.2 NAME	
STREET ADDRESS	1770 MICANOPY AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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:

Edward Sachs
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99

(305) 854-3911

Date

Daytime Phone #

CR2E037 (11/98)