

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N31636** (6)

1. Corporation Name

**HACNOSSAS KALLAH CORPORATION**



Principal Place of Business

Mailing Address

% BARBARA BOSEM DAHAV  
1400 LENOX AVENUE  
MIAMI BEACH FL 33139  
US

% BARBARA BOSEM DAHAV  
1400 LENOX AVENUE  
MIAMI BEACH FL 33139  
US

3. Date Incorporated or Qualified  
**04/07/1989**

3a. Date of Last Report  
**07/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAHAV, BARBARA BOSEM  
1400 LENOX 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

TITLE ☐ DELETE

NAME  
DS  
BISTON, BAYLA  
STREET ADDRESS  
1335 LENOX AVENUE  
CITY - ST - ZIP  
MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
DT  
DAHAV, BARBARA BOSEM  
STREET ADDRESS  
1400 LENOX AVENUE  
CITY - ST - ZIP  
MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
D  
SHOCHET, BATSHEVA  
STREET ADDRESS  
1035 14TH ST.  
CITY - ST - ZIP  
MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
DP  
LEHRFIELD, MIRIAM  
STREET ADDRESS  
1335 NE 171 STREET  
CITY - ST - ZIP  
N. MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
D  
MAYBERG, JUDY  
STREET ADDRESS  
4433 N. BAY RD.  
CITY - ST - ZIP  
MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
D  
SHAPIRO, BARBARA  
STREET ADDRESS  
3711 PRAIRIE AVENUE  
CITY - ST - ZIP  
MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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 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

*Barbara Bosem Dahan*  
*Barbara Bosem Dahan*

1/24/99 305-532-7844  
Date Daytime Phone #

CR2E037 (12/95)