

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:37

DOCUMENT # N33371 (8)

1. Corporation Name

HEBRA KADISHA OF SOUTH FLORIDA, CORP.

Principal Place of Business

Mailing Address

5612 AMERICAN CIRCLE
DELRAY BEACH FL 33484

5612 AMERICAN CIRCLE
DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1989

3a. Date of Last Report

02/02/1994

4. FEI Number

65-0141681

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELEON, DAVID
5612 AMERICAN CIRCLE
DELRAY BEACH FL 33484

81 Name

SAPCIYAN, TANNIYEL

82 Street Address (P.O. Box Numbers Not Acceptable)

5612 AMERICAN CIRCLE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33484

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

D. DeLeon ABRAHAM DELEON-COHEN

(NOTE: Registered Agent's name is required when resigning)

DATE

01-12-1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

DELEON, MATTY

STREET ADDRESS

5612 AMERICAN CIRCLE

CITY-ST-ZIP

DELRAY BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

D

NAME

DELEON, ARIEL M

STREET ADDRESS

5612 AMERICAN CIRCLE

CITY-ST-ZIP

DELRAY BEACH FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

DELEON, ARIEL M.
10374 BOCA ENTRADA BLVD. #211
BOCA RATON, FL. 33428

TITLE

D

NAME

DELEON-COHEN, ABRAHAM

STREET ADDRESS

5612 AMERICAN CIRCLE

CITY-ST-ZIP

DELRAY BEACH FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *D. DeLeon*

ABRAHAM DELEON-COHEN

Date

01-15-1995 (407)499-0451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CONTINUED