

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 30 1997 8:00am
 Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N33455 (9)

1. Corporation Name
JERUSALEM INSTITUTE FOR WESTERN DEFENSE, INC.



| | |
|---|---|
| Principal Place of Business % BERNICE HOROWITZ 1 GROVE ISLE, PH 2 COCONUT GROVE FL 33133 | Mailing Address % BERNICE HOROWITZ 1 GROVE ISLE, PH 2 COCONUT GROVE FL 33133 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/26/1989 | 3a. Date of Last Report 01/29/1996 |
| 4. FEI Number 65-0142848 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**HOROWITZ, BERNICE
 1 GROVE ISLE DRIVE #PH2
 COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RAMATI, YOCHANON | |
| STREET ADDRESS | 4 EIN ROGEL ST | |
| CITY-ST-ZIP | JERUSALEM 93543 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | HOROWITZ, BERNICE | |
| STREET ADDRESS | 1 GROVE ISLE DRIVE PH2 | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | HOROWITZ, ARTHUR | |
| STREET ADDRESS | 1 GROVE ISLE DRIVE PH2 | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCCOLLUM, TAFFY GOULD | |
| STREET ADDRESS | 145 SE 25TH RD | |
| CITY-ST-ZIP | MIAMI FL 33129 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NISKIN, DEBORAH | |
| STREET ADDRESS | 3415 CHASE AVENUE | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MILLER, DR. DOUG | |
| STREET ADDRESS | 510 W. 50TH ST. | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE _____ SIGNATURE REQUIRED *Bernice Horowitz - 72297*

CR2E037 (4/97)