

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1996 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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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 06/29/1995
				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 has liability for intangible tax under s. 199.032, Florida Statutes <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 FL	
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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 reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMATI, YOCHANON			1.2 NAME			
STREET ADDRESS	4 EIN ROGEL ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	JERUSALEM 93543			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOROWITZ, BERNICE			2.2 NAME			
STREET ADDRESS	1 GROVE ISLE DRIVE PH2			2.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOROWITZ, ARTHUR			3.2 NAME			
STREET ADDRESS	1 GROVE ISLE DRIVE PH2			3.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCOLLUM, TAFFY GOULD			4.2 NAME			
STREET ADDRESS	145 SE 25TH RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NISKIN, DEBORAH			5.2 NAME			
STREET ADDRESS	3415 CHASE AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DR. DOUG			6.2 NAME			
STREET ADDRESS	510 W. 50TH ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140			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: *Bernice Horowitz* 1-23-96 305-858-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)