DEC 19 '96 04:35PM CAPITAL CONNECTION P.1

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

FILED
96 DEC 23 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N36650

1. Corporation Name
KOLEL HARAMBAM ORTHODOX CONGREGATION, INC.
7800 HISPANOLA AVENUE
N. BAY VILLAGE, FL 33141

Principal Place of Business / Mailing Address
7800 HISPANOLA AVENUE
N. BAY VILLAGE, FL 33141

REINSTATEMENT 96 [illegible]

3. Date Incorporated or Qualified
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 7800 HISPANOLA AVE.	26 7800 HISPANOLA AVE.
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
23 City & State: N. BAY VILLAGE, FL	28 City & State: N. BAY VILLAGE, FL
24 Zip: 33141 — 25 Country	29 Zip: 33141 — 30 Country

4. FEI Number: 65-0177416 — 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

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

9. Name and Address of Current Registered Agent
RABBI A. AMSELEM
7800 HISPANOLA AVE
N. BAY VILLAGE, FL 33141

10. Name and Address of New Registered Agent
31 Name: LUIS S. KONSKI
32 Street Address (P.O. Box Number Is Not Acceptable): 1101 Brickell Avenue
33 Suite 1801
34 City: MIAMI FL 35 Zip Code: 33131

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] Luis S. Konski 12/19/96 (305) 373-3333
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	President / Trustee ☑ DELETE	11 TITLE	President ☐ Change ☑ Addition
NAME	A. Amselem	12 NAME	Samuel Saka
STREET ADDRESS	280 N. Shore Drive	13 STREET ADDRESS	585 Fairway Drive
CITY-ST-ZIP	Miami Beach, FL 33141	14 CITY-ST-ZIP	Miami Beach, FL 33141
TITLE	V.P. / Trustee ☑ DELETE	21 TITLE	☐ Change ☑ Addition
NAME	Jacob Amselem	22 NAME	Shalom Amselem / Secretary / T
STREET ADDRESS	3980 Hyde Park Cir.	23 STREET ADDRESS	235 Fairway Drive
CITY-ST-ZIP	Hollywood, FL 33021	24 CITY-ST-ZIP	Miami Beach, FL 33141
TITLE	Secretary / Trustee ☑ DELETE	31 TITLE	☐ Change ☑ Addition
NAME	Shalom Amselem	32 NAME	David Levy / Treasurer
STREET ADDRESS	235 Fairway Drive	33 STREET ADDRESS	7601 E. Treasure Drive, Apt. 723
CITY-ST-ZIP	Miami Beach, FL 33141	34 CITY-ST-ZIP	North Bay Village, FL 33141
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	700002036807--5
CITY-ST-ZIP		44 CITY-ST-ZIP	-12/24/96--01076--003
TITLE	☐ DELETE	51 TITLE	*****61.25 *****61.25 ☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	700002036807--5
CITY-ST-ZIP		54 CITY-ST-ZIP	12/24/96--01076--004
TITLE	☐ DELETE	61 TITLE	****175.00 ****175.00 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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] Luis S. Konski 12/19/96 (305) 373-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DEC-19-1996 16:16 904+2221222 95% P.01