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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:36

DOCUMENT # **N39894** **(3)**

1. Corporation Name

B'NAI SEPHARDIM SHAARE SHALOM OF NORTH MIAMI BEA CH, INC.

Principal Place of Business	Mailing Address
17495 N.E. 6TH AVENUE N MIAMI BEACH FL 33162	17495 N.E. 6TH AVENUE N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1990
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0214437 ☐ 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 1100 NE 179 St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 NORTH MIA. BEACH, FL.
Zip 24 / Country 25	Zip 29 33162 / Country 30 US

9. Name and Address of Current Registered Agent

BENCHIMOL, AARON
1061 NE 176TH TERR
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition PD
NAME	MATALON, JACK	1.2 NAME	MATALON JACK
STREET ADDRESS	9655 E BAY HARBOR DRIVE	1.3 STREET ADDRESS	9655 E BAY HARBOR DRIVE
CITY-ST-ZIP	BAY HARBOR FL	1.4 CITY-ST-ZIP	BAY HARBOR
TITLE	D	2.1 TITLE	☐ Change ☐ Addition VD
NAME	PROSPER, AZERRAF	2.2 NAME	PROSPER AZERRAF
STREET ADDRESS	9430 NW 17TH STREET	2.3 STREET ADDRESS	9430 NW. 17th STREET
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	PLANTATION, FL.
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition VDT
NAME	MOYAL, ABNER	3.2 NAME	BENSOUSSAN MAURICE
STREET ADDRESS	3500 MYSTIC POINT DRIVE	3.3 STREET ADDRESS	1100 NE 179 ST.
CITY-ST-ZIP	AVENTURA FL	3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL.
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition D
NAME	BENSOUSSAN, MAURICE	4.2 NAME	ABECKJER JACQUES
STREET ADDRESS	1100 NE 179TH ST	4.3 STREET ADDRESS	2777 NE 165th Street
CITY-ST-ZIP	N MIAMI BEACH FL	4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	T	5.1 TITLE	☐ Change ☐ Addition D
NAME	BENCHIMOL, AARON	5.2 NAME	KRIEF ANDRE
STREET ADDRESS	1061 N.E. 176TH TERRACE	5.3 STREET ADDRESS	2713 NE 165th Street
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP	N. Miami Bch. FL.
TITLE	S	6.1 TITLE	☐ Change ☐ Addition S.
NAME	SEBAG, MICHEL	6.2 NAME	SUISSA JOEL
STREET ADDRESS	850 NE 172ND TERR.	6.3 STREET ADDRESS	1680 Meridan Ave #512
CITY-ST-ZIP	N MIAMI BEACH FL	6.4 CITY-ST-ZIP	MIAMI BEACH, FL.

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: MAURICE BENSOUSSAN / Maurice Bensoussan VICE PRESIDENT TREASURER 3/28/95 (305) 652-0853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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