

# 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

DOCUMENT # **N39894**

(3)

1. Corporation Name

**B'NAI SEPHARDIM SHAARE SHALOM OF NORTH MIAMI BEACH, INC.**

Principal Place of Business

**17495 N.E. 6TH AVENUE  
N MIAMI BEACH FL 33162**

Mailing Address

**1100 NE 179 ST.  
N MIAMI BEACH FL 33162  
US**



3. Date Incorporated or Qualified

**09/07/1990**

3a. Date of Last Report

**04/05/1995**

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**

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

2. Principal Place of Business

**21 19680 West Dixie Hwy**

2a. Mailing Address

**26 Same**

Suite, Apt. #, etc. **Aventura Fl.  
33180**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BENCHIMOL, AARON  
1061 NE 178TH TERR  
N MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name **Henriette Abeckjerr**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2777 N.E. 165 Ter.**

83 **N. Miami Beach, Fl 33160**

84 City

**FL**

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

*Henriette Abeckjerr*

(NOTE: Registered Agent's signature required when reinstating)

**May 28, 96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **MATALON, JACK**  
STREET ADDRESS **9655 E BAY HARBOR DRIVE**  
CITY - ST - ZIP **BAY HARBOR FL**  
☒ DELETE

TITLE **VD**  
NAME **PROSPER, AZERRAF**  
STREET ADDRESS **9430 NW 17TH STREET**  
CITY - ST - ZIP **PLANTATION FL**  
☒ DELETE

TITLE **VD**  
NAME **MOYAL, ABNER**  
STREET ADDRESS **3500 MYSTIC POINT DRIVE**  
CITY - ST - ZIP **AVENTURA FL**  
☒ DELETE

TITLE **VD**  
NAME **BENSOUSSAN, MAURICE**  
STREET ADDRESS **1100 NE 179TH ST**  
CITY - ST - ZIP **N MIAMI BEACH FL**  
☒ DELETE

TITLE **T**  
NAME **BENCHIMOL, AARON**  
STREET ADDRESS **1061 N.E. 178TH TERRACE**  
CITY - ST - ZIP **N MIAMI BEACH FL**  
☒ DELETE

TITLE **S**  
NAME **SEBAG, MICHEL**  
STREET ADDRESS **850 NE 172ND TERR.**  
CITY - ST - ZIP **N MIAMI BEACH FL**  
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE **D**  
22 NAME **RENAN, AMI**  
23 STREET ADDRESS **680 N.E. 180th. Street**  
24 CITY - ST - ZIP **N. Miami Beach, Fl 33162**  
☐ Change ☒ Addition

31 TITLE **T**  
32 NAME **ABECKJERR, HENRIETTE**  
33 STREET ADDRESS **2777 N.E. 165 Ter.**  
34 CITY - ST - ZIP **N. MIAMI BEACH, FL 33160**  
☐ Change ☒ Addition

41 TITLE **D**  
42 NAME **ABECKJERR, Isaac, Jack**  
43 STREET ADDRESS **2777 N.E. 165 Ter**  
44 CITY - ST - ZIP **N.MIAMI BEACH, FL 33160**  
☐ Change ☒ Addition

51 TITLE **800001882788**  
52 NAME **-07/03/96--01021--033**  
53 STREET ADDRESS **\*\*\*61.25**  
54 CITY - ST - ZIP  
☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 29, 1996 (305) 866-2451**

Date

Daytime Phone

CR2E037 (12/95)