

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39894 (3)

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

Principal Place of Business 19680 W DIXIE HWY AVENTURA FL 33180	Mailing Address 19680 W DIXIE HWY AVENTURA FL 33180
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent

**ABECKJERR, HENRIETTE
2777 NE 165 TERR
N MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified
09/07/1990

4. FEI Number
65-0214437

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 JACK MATALON (NOTE: Registered Agent signature required when reinstating) DATE 2-3-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATALON, JACK	1.2 NAME	
STREET ADDRESS	9855 E BAY HARBOR DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENAN, AMI	2.2 NAME	
STREET ADDRESS	680 NE 180 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL 33162	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABECKJERR, HENRIETTE	3.2 NAME	
STREET ADDRESS	2777 NE 165 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL 33160	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABECKJERR, JACK	4.2 NAME	
STREET ADDRESS	2777 NE 165 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL 33160	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: JACK MATALON 2/3/98

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