SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Sep 15 1997 8:00am
Secretary of State

DOCUMENT # N42485   (5)
1. Corporation Name

MIGDAL TOWER OF LIGHT, INC.

Principal Place of Business	Mailing Address
4045 SHERIDAN AVENUE SUITE 212 MIAMI BEACH FL 33140 US	4045 SHERIDAN AVENUE SUITE 212 MIAMI BEACH FL 33140 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/11/1991	3a. Date of Last Report 12/27/1996

4. FEI Number 65-0344268	Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

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

9. Name and Address of Current Registered Agent

DONNER, NORMAN
4045 SHERIDAN AVENUE
SUITE 212
MIAMI BEACH FL 33140

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 _____
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 **PD** ☐ DELETE NAME **JUNGREIS, MEIR** STREET ADDRESS **3605 FLAMINGO DRIVE** CITY-ST-ZIP **MIAMI BEACH FL 33140**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **SD** ☐ DELETE NAME **SHECHTER, YEHUDA** STREET ADDRESS **290-174TH STREET** CITY-ST-ZIP **N MIAMI BEACH FL 33162**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **VPD** ☐ DELETE NAME **DONNER, NORMAN** STREET ADDRESS **4045 SHERIDAN AVENUE, APT. 212** CITY-ST-ZIP **MIAMI BEACH FL 33140**	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **T** ☐ DELETE NAME **JUNGREIS, NILLIE** STREET ADDRESS **3605 FLAMINGO DRIVE** CITY-ST-ZIP **MIAMI BEACH FL 33140**	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **TD** ☐ DELETE NAME **DONNER, EVELYN** STREET ADDRESS **4045 SHERIDAN AVENUE, APT. 212** CITY-ST-ZIP **MIAMI BEACH FL 33140**	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **VPD** ☐ DELETE NAME **SCHOLONGER, BARBARA** STREET ADDRESS **17019 W. DIXIE HIGHWAY** CITY-ST-ZIP **N. MIAMI BEACH FL**	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (4/97)

14. I do 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: /SIGNATURE REQUIRED   JP   9/9/97