## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44007

(5)

ORGANIZATION FOR JEWISH STUDIES, INC.

FILED
Jan 24 1997 8:00am
Secretary of State

*** WILLE TRUMP *** WILLE TRUM	Olian		0,00,10, ,,,0								
Applied For   Applied	Principal Place	of Business	Mailing Address				- ( ABBINIAN DIN PIRM DIBIN BRINI BUNIN DUNI DUNI	TIBIL BIBIL BIBIF BIBI BIB			
2. Principal Place of Business   2a. Mailing Address   4. FER Number   55.02 pt 56.02 pt 56.0	4000 ISLAND BLVD.: #3006		4000 ISLAND BLV	4000 ISLAND BLVD., #3006							
Suite Apt											
Sulfie, Apt. #, etc.    Sulfie, Apt. #, etc.	·	ace of Business	<u></u>	ess		_		<del>- 1</del>			
City & State    City & State   Country   Zip	Suite, Apt. 4	#, etc.		——————————————————————————————————————			5. Certificate of Status Desired				
Zip Country Zip Country Zip Country A	City & State		City & State	City & State							
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  12. OFFICERS AND DIRECTORS  13. INTILE  14. ORDIT POPULATE  14. ORDIT POPULATION  15. Name and Address of New Registered Agent  16. Name and Address of New Registered Agent  17. Name  18. Street Address (P.O. Box Number is Not Acceptable)  18. Street Address (P.O. Box Number is Not Acceptable)  19. Versuant to the provisions of Sections 617,0502 and 617,1508, Floridas Statuties, the above named corporation submits this statement for the purpose of changing its 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, 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 and time if episterable. Provided Statutes  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Addition  17. STREET ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change Addition  19. Change Addition				······································							
TRUMP, WILLIE	24							700.00E;			
TRUMP, WILLIE 4000 ISLAND BLVD. SUITE 3006  N. MIAMI BEACH FL 33160  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the propose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE  Signature. Updat or printed familiar by the proposed familiar with and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature. Updat or printed familiar by the proposed familiar with and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature. Updat or printed familiar by the proposed familiar with and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature. Updat or printed familiar by the Statutes appellations of Proposed Agent algorithms required when remaiding)  DATE  12. OFFICERS AND DIRECTORS  ITILE  PD		9. Name and Address of Co	urrent Registered Agent				10. Name and Address of New Regis	lered Agent			
4000 ISLAND BLVD. SUITE 3006  N. MIAMI BEACH FL 33160  83  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, typect or printed harm's of impatured upon and line if applicable   (NOTE Registered Agent signature required whor rematating)   DATE					81	Name					
SUITE 3006 N. MIAMI BEACH FL 33160  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 are familiar with, and accept the obligations of, Section 617.0503, Florida Statules.  SIGNATURE    Signature, typed or prented name of registered agent and tircuit agricative.   (NOTE: Registered Agent Rignature required when rendating)   DATE					82	Street Ad	dress (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the pursue of the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed hame of legistered agent and tels if agrid-cate   Signature, typed or printed hame of legistered agent and tels if agrid-cate   Signature, typed or printed hame of legistered agent and tels if agrid-cate   Signature, typed or printed hame of legistered agent and tels if agrid-cate   Signature, typed or printed hame of legistered agent and tels if agrid-cate   Signature, typed or printed hame of legistered agent and tels if agrid-cate   Signature, typed or printed hame of legistered agent agent and tels if agrid-cate   Signature, typed or printed hame of legistered agent and tels if agrid-cate   Signature, typed or printed hame of legistered agent agent agrid-tile required when rensetting)   DATE     12.					83						
T1. 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes  SIGNATURE    Signature   Signature   Signature, typed or printed name of legistered agent and rice if applicable   (NOTE: Registered Agent signature required when remains)   DATE	n. Miam	I BEACH FL 33160			84	City		<b>85</b> Zip C	ode		
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 am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of legistered agent and title if applicable   (NOTE: Registered Agent lignature required when renatating)   DATE	14 Durguent t	a the provisions of Sections 61	7 0502 and 617 1508 Flori	do Statutos, the	20040	named no	providing submits this statement for the nurr	<u> </u>	registered		
SIGNATURE	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										
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_										
TITLE	SIGNATURE _	Signature, typed or printed name of legister	red agent and title if applicable	(NOTE: Regist	tered Age	nt signature rec	quired when reinstating)	DATE			
NAME   TRUMP, WILLIE   12 NAME   13 STREET ADDRESS   4000 ISLAND BLVD., \$3006   13 STREET ADDRESS   14 CITY-ST-ZIP   N. MIAMI BEACH FL   14 CITY-ST-ZIP   11 TILE   14 CITY-ST-ZIP   1000 ISLAND BLVD., \$409   22 STREET ADDRESS   1000 ISLAND BLVD., \$409   23 STREET ADDRESS   1000 ISLAND BLVD., \$409   24 CITY-ST-ZIP   11 TILE   16 Change   Addition   AME   MATUS, ALAN   32 NAME   32 NAME   STREET ADDRESS   1000 ISLAND BOULEVARD   33 STREET ADDRESS   11 TITLE   16 Change   Addition   AME   MATUS, ALAN   32 NAME   32 NAME   33 STREET ADDRESS   11 TITLE   16	12.	OFFICER	· · · · · · · · · · · · · · · · · · ·		3.		ADDITIONS/CHANGES TO OFFICER				
STREET ADDRESS	TITLE		ΔĐ	ELETE 1.	.1 TITLE			Change	☐ Addition		
City-St-ZiP	NAME										
DELETE	STREET ADDRESS		)06	12	3 STREET	address					
NAME   BALD, HOWARD   22 NAME   23 STREET ADDRESS   CITY - ST - ZIP   N. MIAMI BEACH FL   DELETE   31 TITLE   Change   Addition	————					r-ZIP		Change	Addition		
STREET ADDRESS   1000   SLAND BLVD., #409   23   STREET ADDRESS   N. MIAMI BEACH FL   2   4   CITY-ST-ZIP		*	□ D					€ Cuange	L.J Addition		
CITY-ST-ZIP   N. MIAMI BEACH FL   2 4 DITY-ST-ZIP			NA								
TITLE         ST         DELETE         31 TITLE         Change         Addition           NAME         MATUS, ALAN         32 NAME         32 NAME         33 STREET ADDRESS         CITY-ST-ZIP         NORTH MIAMI BEACH FL         34 CITY-ST-ZIP         34 CITY-ST-ZIP         Change         Addition           NAME         FLEISHER, HENRY         4.1 TITLE         Change         Addition           STREET ADDRESS         3000 ISLAND BLVD #2701         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP           CITY-ST-ZIP         NORTH MIAMI BEACH FL         4.4 CITY-ST-ZIP         Addition	1		19	1		1					
NAME         MATUS, ALAN         32 NAME           STREET ADDRESS         7900 ISLAND BOULEVARD         33 STREET ADDRESS           CITY-ST-ZIP         NORTH MIAMI BEACH FL         34. CITY-ST-ZIP           TITLE         D         □ DELETE         4.1 TITLE         □ Change         □ Addition           NAME         FLEISHER, HENRY         4.2 NAME         4.2 NAME         4.3 STREET ADDRESS         4.3 STREET ADDRESS         NORTH MIAMI BEACH FL         4.6 CITY-ST-ZIP         4.4 CITY-ST	$\vdash$		<u> П</u> п			ST - ZIP		Change	Addition		
STREET ADDRESS   7900 ISLAND BOULEVARD   33 STREET ADDRESS   S.4. CITY-ST-ZIP   NORTH MIAMI BEACH FL   3.4. CITY-ST-ZIP								La Onorgo	territ - marity))		
CITY-ST-ZIP   NORTH MIAMI BEACH FL   3.4. CITY-ST-ZIP			on.	1		ADDECC					
TITLE         D         DELETE         4.1 TITLE         Change         Addition           NAME         FLEISHER, HENRY         4.2 NAME         4.2 NAME         4.3 STREET ADDRESS         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         4.4 CITY-ST-ZIP <td< td=""><td>\</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	\										
NAME         FLEISHER, HENRY         4.2 NAME           STREET ADDRESS         3000 ISLAND BLVD #2701         4.3 STREET ADDRESS           CITY-ST-ZIP         NORTH MIAM! BEACH FL         4.4 CITY-ST-ZIP						11-211		Change	Addition		
STREET ADDRESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP		ELEICHED HENRY									
CITY-ST-ZIP NORTH MIAM! BEACH FL 44 CITY-ST-ZIP	i	3000 ISLAND BLVD #27(	01			ADORESS					
DELETE Addition	1 1					" I					
TITLE DELETE 5.1 TITLE Change Addition		HOTTEL WILLIAM DESTRICT				<del></del>	······································	Change	Addition		
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TITLE DELETE 6.1 TITLE Change Addition			D	ELETE 6.	.1 TITLE			Change	Addition		
NAME 6.2 NAME	NAME			6.	.2 NAME						
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			6.	.3 STREET	ADDRESS					

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 or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

WILLIAM TRUMP/PRESIDENT

1-10-97

305)9377860 Daytime Phone # 0031578 72E037 (9/96)