

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2: 19

DOCUMENT # **N51006** (7)

1. Corporation Name
ZONIK SHAHAM MEMORIAL FUND, INC.

Principal Place of Business Mailing Address
1 N.E. FIRST STREET SUITE 700 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/24/1992** 3a. Date of Last Report **01/24/1994**

4. FEI Number **65-0395082** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22. City & State 27. City & State

7. Nonprofit with IRS 501(c)(3). Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23. Zip Country 28. Zip Country

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

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
**ROSEN, PAUL
1 N.E. FIRST STREET
SUITE 700
MIAMI FL 33132**

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 607.0502 and 607.1600, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reappointing) DATE **2/1/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **POD**
NAME **ROSEN, PAUL**
STREET ADDRESS **1 NE FIRST STREET #700**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~POD~~
NAME ~~GEBSON, GARY~~
STREET ADDRESS ~~600 71ST STREET~~
CITY-ST-ZIP ~~MIAMI BEACH FL~~

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD**
NAME **GLICKSTEIN, RABBI GARY**
STREET ADDRESS **4144 CHASE AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **MANUL ZHANG # 2350**
NAME **100 S.W. 23RD AVE**
STREET ADDRESS **MIAMI 33121**
CITY-ST-ZIP

4.1 TITLE **Director (D)** Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this report was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *[Signature]* **Paul Rosen** Date **2/1/95** Daytona | Home # **305.379.1712**