

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N51006 (7)

1. Corporation Name
ZONIK SHAHAM MEMORIAL FUND, INC.



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

3. Date Incorporated or Qualified: 09/24/1992
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business: 21 20th S.W. 122 Ave
2a. Mailing Address: 26 P.O. Box 653809

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

22 \$128
27 Suite, Apt. #, etc.

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

23 MIAMI, FL
28 MIAMI, FL

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

24 33175
25 Country
29 33265
30 Country

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

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ROSEN, PAUL	
STREET ADDRESS	1 NE FIRST STREET #700	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZALAC, MANUA	
STREET ADDRESS	100 S.E. WND DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GLICKSTEIN, RABBI GARY	
STREET ADDRESS	4144 CHASE AVENUE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 checked or on an attachment with an address.

SIGNATURE: PAUL ROSEN Date: 1/25/96 Daytime Phone #: (305) 286,9200

CR2E037 (12/95)