FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51006

(7)

ZONIK SHAHAM MEMORIAL FUND, INC.

FILED					
Jan 28 1997 8:00am					
Secretary of State					

(305) 379-1745 Daytime Phone * 0034138

Principal Place	e of Business	Mailing Address			n sacision on i briot titell götti antia ofit andii oliki kanis debit bibit dibit
2055 SW 122 A	VENUE	POST OFFICE BOX 65380	9		
128		SUITE 700 MIAMI FL 33265-3809			
MIAMI FL 33175 US		US			3. Date incorporated or Qualified 3a. Date of Last Report
					09/24/1992 01/31/1996
—	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0395082 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
City & State	2	City & State			ree Required
23	-	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Coun	itry	Trust Fund Contribution Added to Fees 8. This corporation has liability for Intangible tax under s. 199.032,
24	25	29	30	,	Florida Statutes Yes No
	9. Name and Address of Curren		1==1		10. Name and Address of New Registered Agent
			- 1	81 Name	ie
ROSEN,	PAUL		h	32 Street	et Address (P.O. Box Number is Not Acceptable)
1 N.E. FI	rst street		Ĺ	0001	S. Fiduless (F. S. Sex Humber is Het Pecephalis)
SUITE 70			[1	B3	
Miami Fl	. 33132		la la	84 City	85 Zip Code
11. Pursuant to office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statu of Florida. Such change was	ites, the aboauthorized	ove-named by the cor	ed corporation submits this statement for the purpose of changing its registered or
agent. La	m familiar with, and accept the obliga	ations of, Section 617.0503, F	lorida Statu	tes.	who allowed a control of the state of the st
SIGNATURE _					
12.	Signature, typed or printed name of registered age OFFICERS ANI		TE Registered	Agent signatur	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITL	F	Abbitrions/Changes to Officers and Directors in 12
NAME	ROSEN, PAUL		1.2 NAM		_ Change _ Agunion
STREET ADDRESS	1 NE FIRST STREET #700			eet address	s
CITY-ST-ZIP	MIAMI FL			-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITL		Change Addition
NAME	ZALAC, MANUA		2.2 NAN	AE	
STREET ADDRESS	100 S.E. WND DRIVE		2.3 \$TR	EET ADDRESS	s ·
CITY-ST-ZIP	MIAMI FL		2. 4 CłT	Y-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITL	E	☐ Change ☐ Addition
NAME	GLICKSTEIN, RABBI GARY		3.2 NAM	AE .	•
STREET ADDRESS	4144 CHASE AVENUE		3.3 STR	eet address	S .
CITY - ST - ZIP	MIAMI BEACH FL		_	Y-ST-ZIP	
TITLE		☐ DELETE	4.1 TITL		Change Addition
NAME			4. 2 NA		
STREET ADDRESS				EET ADDRESS	S
CITY-ST-ZIP		☐ DELETE		r-ST-ZIP	
TITLE NAME		LJ UELETE	5.1 TITL		Change L Addition
STREET ADDRESS			5.2 NAN		
CITY-ST-ZIP			R .	EET ADDRESS	
TITLE		DELETE	6.1 TITL	r-ST-ZIP	☐ Change ☐ Addition
NAME			6.2 NAM		Li Change Li Additori
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				(+ST-ZiP	`
14. I do hereb	by certify that the information supplied	with this filing does not qual	ify for the e	xemption :	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information I am an of	n indicated on this annual report.	unniemental annual renort is:	true and ac	rourete end	nd that my clanature thall have the same legal effect on it made under eath, that
appears in	Block 12 or Block 13 if change	arrattachment with an ad	oress.		s report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR