FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

305 931-8405

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N51240

(2)

MIAMI BEACH FL 33140

SIGNATURE:

	G ISRAEL OF MIAMI BEAC	H, INC. Mailing Address				
4221 PINE TREE DR. 4221 PINE TREE DR. MIAMI BEACH FL 33140-31		3111				
					3. Date Incorporated or Qualified 10/05/1992	3a. Date of Last Report 03/14/1996
·	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21					65-0368749	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	~·····································		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for	
24	25 9. Name and Address of Curre	29	[30]		Florida Statutes L 10. Name and Address of New Re	Yes No
	y. Hame and Address of Curre	alt voðistelen viðalit	8	1 Name	TO, Maille BIN ACCIDES OF NEW TO	Shierotan schaur
LERNER, HERBERT J.				O Chroat Add	lean (D.O. Day Number in Not Accounts)	blo.
777 ARTHUR GODFREY RD.			8:	Zi Street Add	ress (P.O. Box Number is Not Acceptal	ole)
SECOND FLOOR				3		
MIAMI BEACH FL 33140			B-	4 City		85 Zip Code
						<u> </u>
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.						
agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered a	nent and tille if applicable. (No	OTE Registered A	oeni signature requi	ired when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	DV	☐ DELETE	1.1 TITLE			Change Addition
NAME	BOMZER, GARY		1.2 NAM	E		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-			Change Addition
TITLE NAME	D £ DELETE BOMZER, RENEE		2.1 TITLE 2.2 NAM			C Change C Accinion
STREET ADDRESS	4510 JEFFERSON AVENUE			ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL			-ST-ZIP		
TITLE	····		3.1 TITLE			Change Addition
NAME	HERSCHMAN, ELIAS		3.2 NAM	E		
STREET ADDRESS	4430 PINE TREE DR.		3 3 STAE	ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL			r-ST-ZIP		
TITLE	D D	☐ DELETE	4.1 TITLE			Change Addition
NAME	HERSCHMAN, MARCIA		4. 2 NAM			
STREET ADDRESS	4430 PINE TREE DR. MIAMI BEACH FL		4	ET ADDRESS		
CITY-ST-ZIP TITLE			5.1 TITLE	-ST-ZIP		☐ Change ☐ Addition
NAME	T.m., a., ., a., ., ., .		5.2 NAM	1		
STREET ADDRESS	4361 ROYAL PALM AVE.			ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY	-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE	E		Change Addition
NAME	SCHIMMEL, HOWARD		6.2 NAM	1		
STREET ADDRESS	5311 PINETREE DR.		■ 63 STRE	FT ADDRESS		

6.4 CITY-ST-ZIP 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 An this armual 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 disclor of the deporation 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 br Block 13 if changed, or on an attachment with an address.