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FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000000821 (9)

1. Corporation Name

MAGEN DAVID OF TURNBERRY, INC.

Principal Place of Business

19707 TURNBERRY WAY
#26J
N. MIAMI BEACH FL 33180

Mailing Address

12550 BISCAYNE BLVD.
SUITE 402
N. MIAMI FL 33181-2537
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 11900 BISCAYNE BLVD

26 Suite, Apt. #, etc.

27 SUITE 290

28 City & State

29 N. MIAMI FL

30 Zip Country

31 33181 USA

3. Date Incorporated or Qualified
03/02/1993

3a. Date of Last Report
01/26/1996

4. FEI Number

65-0399473

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKS, KIM C
11900 BISCAYNE BLVD.
SUITE 290
N. MIAMI FL 33181

MARKS, KIM C
11900 BISCAYNE BLVD
SUITE 290
N. MIAMI FL 33181

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SITT, EDDIE
STREET ADDRESS 19707 TURNBERRY WAY, #26J
CITY-ST-ZIP N. MIAMI BEACH FL

☐ DELETE

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

☐ Change

☐ Addition

TITLE VPD
NAME HARARY, RALPH
STREET ADDRESS 19707 TURNBERRY WAY, #28G
CITY-ST-ZIP N. MIAMI BEACH FL 33180

☐ DELETE

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

☐ Change

☐ Addition

TITLE SD
NAME FRANCO, LOU
STREET ADDRESS 19355 TURNBERRY WAY, #15H
CITY-ST-ZIP N. MIAMI BEACH FL 33180

☐ DELETE

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

☐ Change

☐ Addition

TITLE D
NAME HARARY, LEON
STREET ADDRESS 19707 TURNBERRY WAY, #6J
CITY-ST-ZIP N. MIAMI BEACH FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ATD
NAME BRAHA, JACK
STREET ADDRESS 19707 TURNBERRY WAY, #26F
CITY-ST-ZIP N. MIAMI BEACH FL 33180

☐ DELETE

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

☐ Change

☐ Addition

TITLE T
NAME GINDI, JOSEPH
STREET ADDRESS 19667 TURNBERRY WAY
CITY-ST-ZIP AVENTURA FL

☐ DELETE

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

☐ Change

☐ Addition

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 on an attachment with an address.

SIGNATURE:

Joseph Gindi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97
Date

305-933-2269
Daytime Phone # 0033528

CR2E037 (9/96)