## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300001008

Country

25

1. Corporation Name

AISH HATORAH JERUSALEM FUND, INC.

Principal Place of Business 3414 PRAIRIE AVENUE MIAMI BEACH FL 33140

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

3414 PRAIRIE AVE. MIAMI BCH. FL 33140-3429 US

## FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90054 015 \*\*\*\*61.25



3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

02/25/1993

65-0389241

4. FEI Number

| Name and Address of Current Registered Agent   |  |                          | 10. Name and Address of New Registered Agent |  |                  |  |
|--|--|--------------------------|--|--|------------------|--|
|  |  | 81                       | Name   | •  |                  |  |
| TERREMARK CORPORATES AGENTS INC.   |  |                          | Street                                       | Street Address (P.O. Box Number is Not Acceptable)   |                  |  |
| 2601 S. BAYSHORE DR.   |  | 83                       |  |  |                  |  |
| PENTHOUSE ONE B  |  |                          |  |  | : *              |  |
| MIAMI FL 33133   |  | 84                       | City   | City 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 Stoneture, bread or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |  |                          |  |  |                  |  |
| Organization, types of printed in the control of th |  |                          |  | The Property of the Control of the C |                  |  |
| 12.  | OFFICE OF STATE OF ST | 1.1 TITLE                |  |  |                  |  |
| TITLE  | _  | 1.2 NAME                 |  |  |                  |  |
| NAME   | PACKOUZ, RABBI K   |                          | ADDDECC                                      | A CANCELL OF THE SECOND SECOND   |                  |  |
| STREET ADDRESS   | 290 N.W. 165 ST., P-500  | 1.3 STREET ADDRE         |  |  |                  |  |
| CITY-ST-ZIP  | MIAMI FL 33169   | 1.4 CITY-ST<br>2.1 TITLE | -ZIP   | ☐ Cha  | nge Addition     |  |
| TITLE  | <b>–</b>   |                          |  |  |                  |  |
| NAME   | WEISS, JEFFREY J   | 2.2 NAME                 |  |  |                  |  |
| STREET ADDRESS   | 6262 SUNSET DR., PH 254  | 2.3 STREET               |  |  |                  |  |
| CITY-ST-ZIP  | MIAMI FL 33143   | 2.4 CITY-S               | T-ZIP  | ☐ Cha  | inge Addition    |  |
| TITLE  | D DELETE   | 3.1 TITLE                | •  |  | inge 🗀 Additon   |  |
| NAME   | BERNSTEIN, RICHARD N   | 3.2 NAME                 |  |  |                  |  |
|  | % 2601 S. BAYSHORE DR., PH 1-B   | 3.3 STREET               | ADDRESS                                      |  |                  |  |
| CITY ST-ZIP  | MINIMITE SO TOO  | 3.4. CITY-S              | T-23P  |  | ange             |  |
| TITLESAM; [1]  | © COLLETE □ DELETE   | 4.1 TITLE                | -  | Che  | inge Li Addition |  |
| NAME,  | to the first the second | 4.2 NAME                 |  | · " " " " " " " " " " " " " " " " " " "  | Samuel and a     |  |
| STREET ADDRESS   | P. C.  | 4.3 STREET               | ADDRESS                                      |  |                  |  |
| CITY-ST-ZIP  |  | 4.4 CITY-S               | r-zip  |  | A 1数为2000        |  |
| TITLE  | ☐ DELETE   | 5.1 TITLE                |  | ☐ Cha  | ange ☐ Addition  |  |
| NAME   |  | 5.2 NAME                 |  |  |                  |  |
| STREET ADDRESS   | **   | 5.3 STREET               | ADDRESS                                      | I  |                  |  |
| CITY-ST-ZIP  | <u></u>  | 5.4 CITY-S               | r-ZIP  |  |                  |  |
| TITLE  | Fig. 10 to the control of the contr  | 6.1 TITLE                |  | Cha  | ange             |  |
| NAME   | 250 Note 65 (2019-93)  | 6.2 NAME                 |  |  |                  |  |
| STREET ADDRESS   | MENTER STATE OF THE PROPERTY O | 6.3 STREET               | ADDRESS                                      |  |                  |  |
| CITY, ST. ZIP  |  | 6.4 CITY-S               |  |  |                  |  |
| 14. I hereby   | certify that the information supplied with this filing does not qualify for the  | exempt                   | on state                                     | d in Section 119.07(3)(i), Florida Statutes, I further certify that  | the information  |  |

Country

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I 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 turner certify that the incidence 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 of Block 13 if changed, or on an attachment with an address, with all other like empowered.

ATURE: Rath SKEN FACKOUZ

Jan 15 99 305-535-2474

CR2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable