

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

**DOCUMENT # N93000002528 (8)**

1. Corporation Name

**CEDARS AUXILIARY, INC.**

Principal Place of Business Mailing Address  
**1400 NW 12TH AVE MIAMI FL 33136**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/04/1993</b>	3a. Date of Last Report <b>02/22/1994</b>
4. FEI Number <b>65-0415064</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under the Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>FEIBUSH, CAROL 1400 NW 12TH AVE MIAMI FL 33136</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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: *Selma R. Bratspis* DATE: **7-13-95**  
(NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	NAME <b>FEIBUSH, CAROL</b>	11 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>18480 NE 7TH AVE</b>	CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33179</b>	12 NAME <b>Bratspis, Selma, R.</b>	
		13 STREET ADDRESS <b>1020 Meridian Ave. # 509</b>	
		14 CITY-ST-ZIP <b>Miami Beach, Fl. 33139</b>	
TITLE <b>DV</b>	NAME <b>BRATSPIS, SELMA</b>	21 TITLE <b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1100 WEST AVE #409</b>	CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>	22 NAME <b>Marquez, Patricia</b>	
		23 STREET ADDRESS <b>8420 So. West 84th Terrace</b>	
		24 CITY-ST-ZIP <b>Miami, Fl. 33143</b>	
TITLE <b>DT</b>	NAME <b>BURKACKI, LAURA</b>	31 TITLE <b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3500 MYSTIC POINTE DR #1005</b>	CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33180</b>	32 NAME <b>Spilka, Millicent</b>	
		33 STREET ADDRESS <b>10920 Olive Avenue</b>	
		34 CITY-ST-ZIP <b>Pembroke Pines, Fl. 33026</b>	
TITLE <b>DS</b>	NAME <b>KAY, ADELE</b>	41 TITLE <b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>20505 E COUNTRY CLUB DR #832</b>	CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33180</b>	42 NAME <b>Soule, Anne</b>	
		43 STREET ADDRESS <b>14103 S.W. 66th St. -#B-2</b>	
		44 CITY-ST-ZIP <b>Miami, Fl. 33183</b>	
TITLE <b>D</b>	NAME <b>COVERMAN, HYMAN</b>	51 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>% 1400 NW 12TH AVE</b>	CITY-ST-ZIP <b>MIAMI FL 33136</b>	52 NAME <b>Coverman, Hyman</b>	
		53 STREET ADDRESS <b>9231 S. W. 66th Street</b>	
		54 CITY-ST-ZIP <b>Miami, Fl. 33173</b>	
TITLE <b>D</b>	NAME <b>LEVINE, DOROTHY</b>	61 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>% 1400 NW 12TH AVE</b>	CITY-ST-ZIP <b>MIAMI FL 33136</b>	62 NAME <b>Berlin, Irving</b>	
		63 STREET ADDRESS <b>1001 91st Street - #309</b>	
		64 CITY-ST-ZIP <b>Bay Harbor Island Fl. 33150</b>	

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 110.07(3)(b), 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: *Selma R. Bratspis* DATE: **7/13/95 (3:05) 325-5089**  
(Signature/Print Name)

CR2E037 (3/95)