

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000002528 (8)

1. Corporation Name

CEDARS AUXILIARY, INC.



Principal Place of Business

Mailing Address

1400 NW 12TH AVE  
MIAMI FL 33136

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MIAMI FL 33136

3. Date Incorporated or Qualified  
06/04/1993

3a. Date of Last Report  
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
65-0415064

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

FEIBUSH, CAROL  
1400 NW 12TH AVE  
MIAMI FL 33136

81 Name  
SELMA BRATSPIS

82 Street Address (P.O. Box Number is Not Acceptable)  
1020 MERIDIAN AVENUE # 509

83 MIAMI BEACH FLORIDA 33139

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 *Selma R. Bratspis*  
Signature, typed or printed name of registered agent and title if applicable

*Selma R. Bratspis*  
NOTE: Registered Agent signature required when reinstating

1-25-96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRATSPIS, SELMA R.	
STREET ADDRESS	1020 MERIDIAN AVENUE, #509	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MARQUEZ, PATRICIA	
STREET ADDRESS	8420 SOUTH WEST 84TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SPIILKA, MILLICENT	
STREET ADDRESS	10920 OLIVE AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SOULE, ANNE	
STREET ADDRESS	14103 S.W. 66TH STREET, #B-2	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COVERMAN, HYMAN	
STREET ADDRESS	9231 S.W. 66TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERLIN, IRVING	
STREET ADDRESS	1001 91ST STREET- #309	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	MILDRED SCHAMPAN
33 STREET ADDRESS	14103 SW 66 STREET Apt B2
34 CITY-ST-ZIP	MIAMI FLORIDA
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 119.07(3)(k), 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 - President Selma R. Bratspis* 1-25-96 (305) 333-5083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone #

CR2E037 (12/95)