

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FBI Number
65-0415064

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$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

**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

Selma R. Bratspis

1-25-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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	SPILKA, MILICENT	
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	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	MILDRED SCHAMPAN
3.4 CITY - ST - ZIP	14103 SW 66 STREET Apt B2 MIAMI FLORIDA
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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

Daytime Phone #

CR2E037 (12/95)