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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
1400 NW 12TH AVE MIAMI FL 33136-1003

3. Date Incorporated or Qualified 06/04/1993
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0415064 Applied For Not Applicable
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23. City & State 28. City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24. Zip 25. Country 29. Zip 30. Country 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
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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like BRATSPIS, SELMA R., MARQUEZ, PATRICIA, SCHAMPMAN, MILDRED, SOULE, ANNE, COVERMAN, HYMAN, BERLIN, IRVING.

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: Selma R. Bratpiss Selma R. Bratpiss 1/16/97 [305] 325-5025
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone # 0029152

CPRE037 (9/96)