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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000002528

1. Corporation Name
CEDARS AUXILIARY, INC.

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

Mailing Address
 1400 NW 12TH AVE
 MIAMI FL 33136



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/04/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0415064	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		25		29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DE MARQUEZ, PATRICIA 8420 S.W. 84 TERRACE MIAMI FL 33143				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNIO, ADELE	1.2 NAME	
STREET ADDRESS	1020 MERIDIAN AVENUE #902	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MARQUEZ, PATRICIA	2.2 NAME	
STREET ADDRESS	8420 S.W. 84 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRATSPIS, SELMA R	3.2 NAME	
STREET ADDRESS	1020 MERIDIAN AVNEUE #509	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOULE, ANNE	4.2 NAME	DSA GEORGINA
STREET ADDRESS	14103 S.W. 66TH STREET, #B-2	4.3 STREET ADDRESS	DIAZ, GEORGINA
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	88 Croydon Drive Miami Springs, FL33166
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN, BELLE	5.2 NAME	T LEITNER, Sol
STREET ADDRESS	1001 92 STREET #309	5.3 STREET ADDRESS	100 Lincoln Rd. PH9
CITY-ST-ZIP	BAY HARBOR ISLAND FL	5.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN, IRVING	6.2 NAME	VP ZINNER, EVE
STREET ADDRESS	1001 91ST STREET- #309	6.3 STREET ADDRESS	7540 SW 107th Avenue
CITY-ST-ZIP	BAY HARBOR ISLAND FL	6.4 CITY-ST-ZIP	Miami, FL 33173-5105

14. 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE *Patricia De Marquez* Jan 23 1999 305 274-7718
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)