


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003027 (0)**

1. Corporation Name

**FLORIDA-ISRAEL CHAMBER OF COMMERCE, INC.**



Principal Place of Business <b>225 S. FEDERAL HWY. 2ND FLOOR DEERFIELD BCH. FL 33441 US</b>	Mailing Address <b>225 S. FEDERAL HWY. 2ND FLOOR DEERFIELD BCH. FL 33441-4129 US</b>
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3. Date Incorporated or Qualified **07/01/1993**      3a. Date of Last Report **04/24/1996**

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip      Country <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip      Country <b>29</b>
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4. FEI Number **65-0442407**      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

**SELTZER, ROBERT A  
225 S. FEDERAL HIGHWAY  
2ND FLOOR  
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELTZER, ROBERT A	1.2 NAME	
STREET ADDRESS	225 S FEDERAL HWY., 2ND FLOOR	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIBAKOFF, EUGENE J	2.2 NAME	
STREET ADDRESS	<del>1900 CONSULATE PLAGE, #1804</del>	2.3 STREET ADDRESS	<b>44 Coconut Row # Reg-11</b>
CITY - ST - ZIP	<del>W. PALM BEACH FL 33401</del>	2.4 CITY - ST - ZIP	<b>W. Palm Beach, FL 33480-4005</b>
TITLE	VCD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, GARY	3.2 NAME	
STREET ADDRESS	1221 BRICKELL AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33441	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:  **4/18/97** **954 420-5888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042674

CR2E037 (9/96)