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FILED

May 13 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 # N93000004880 (1)

1. Corporation Name

AGUDATH ISRAEL HEBREW INSTITUTE, INC.



Principal Place of Business

Mailing Address

7801 CARLYLE AVENUE  
MIAMI BEACH FL 33141

1910 ALTON RD  
MIAMI BEACH FL 33139-1507  
US

3. Date Incorporated or Qualified  
10/29/1993

3a. Date of Last Report  
06/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
NOT APPLICABLE

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

MARCUS, ALAN J  
1111 KANE CONCOURSE  
SUITE 616  
BAY HARBOR ISLANDS FL 33154

81 Name Vitzchak Zweig

82 Street Address (P.O. Box Number is Not Acceptable)  
1910 Alton Rd

83

84 City Miami Beach

FL

85 Zip Code 33139

11. Pursuant to the provisions of Sections 617.0505 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 the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

V. F. Zweig

4/4/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HILL, IRA	
STREET ADDRESS	1910 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SIMON, MILTON	
STREET ADDRESS	1910 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BENVENISTE, JACK	
STREET ADDRESS	7801 CARLYLE AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARCUS, ALAN J	
STREET ADDRESS	1711 NE 197TH TERR.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GALBOT, ABRAHAM	
STREET ADDRESS	1910 ALTON RD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BURTYN, JEREMIAH	
STREET ADDRESS	1910 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL	

1.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HILL, IRA	
1.3 STREET ADDRESS	1910 Alton Rd	
1.4 CITY-ST-ZIP	Miami Beach FL 33139	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Simon Milton (d9)	
2.3 STREET ADDRESS	1910 Alton Rd	
2.4 CITY-ST-ZIP	Miami Beach FL 33139	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Galbot Abraham (d9)	
3.3 STREET ADDRESS	1910 Alton Rd	
3.4 CITY-ST-ZIP	Miami Beach FL 33139	
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 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027417

AGUDATH ISRAEL HEBREW INSTITUTE

4/4/97

534-7050

CR2E037 (9/96)