

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 AM 9:00

DOCUMENT # N94000000170 (0)

1. Corporation Name

MIAMI BEACH COMMUNITY KOLLEL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% ZIMBLE FORMOSO-MURIAS, P.A.
1401 BRICKELL AVENUE, SUITE 730
MIAMI FL 33131

3. Date Incorporated or Qualified **01/12/1994** 3a. Date of Last Report **N/A**

4. FEI Number **65-0458857** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 1101 Brickell Avenue **26 1101 Brickell Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 Penthouse Suite **27 Penthouse Suite**
City & State City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Miami, FL **28 Miami, FL**
Zip Country Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 33131 **25** **29 33131** **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ZIMBLE, DAVID S ESQ.
ZIMBLE FORMOSO-MURIAS, P.A.
1401 BRICKELL AVENUE, SUITE 730
MIAMI FL 33131

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Avenue
03 Penthouse Suite
04 City **05 Zip Code**
Miami, FL 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *David S Zimble* DATE **4/27/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	JACOB, ALLAN
STREET ADDRESS	4345 N. MERIDIAN AVENUE
CITY - ST - ZIP	MIAMI BEACH FL 33131
TITLE	D
NAME	SCHWED, BENJAMIN
STREET ADDRESS	4320 N. MERIDIAN AVENUE
CITY - ST - ZIP	MIAMI BEACH FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D
33 STREET ADDRESS	Lampert, Ari
34 CITY - ST - ZIP	436 41st Street Miami Beach, FL 33131
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 *David S Zimble* DATE **4/27/95** TIME **372-0700 (JOS)**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR