

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 30 AM 10: 50

DOCUMENT # **N94000002680 (6)**

1. Corporation Name

**TORAS EMES DEVELOPMENT COMPANY, INC.**

Principal Place of Business Mailing Address  
**% YESHIVA TORAS CHAIM (ATTN: RABBI NIMAN)** **% YESHIVA TORAS CHAIM (ATTN: RABBI NIMAN)**  
**7141 INDIAN CREEK DR.** **7141 INDIAN CREEK DR.**  
**MIAMI BEACH FL 33141** **MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/27/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0994023</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>ZIMBLE, DAVID S</b> <b>% ZIMBLE FORMOSO-MURIAS P.A.</b> <b>1101 BRICKELL AVE., PENTHOUSE</b> <b>MIAMI FL 33131</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHRFIELD, MOSHE	12 NAME	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	14 CITY - ST - ZIP	
TITLE	T	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOB, DR. ALLAN	22 NAME	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	24 CITY - ST - ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPARD, DR. TUVIA	32 NAME	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAIT, RABBI BENTZION	42 NAME	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	44 CITY - ST - ZIP	
TITLE	T	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNBLATT, RABBI KEEVA	52 NAME	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	54 CITY - ST - ZIP	
TITLE	T	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIMAN, RABBI YISROEL	62 NAME	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	63 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	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)(k), 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: Rabbi Yisroel T. Niman **RABBI YISROEL T. NIMAN** 3/27/95 305-865-1007  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number