

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000002680 (6)

1. Corporation Name

TORAS EMES DEVELOPMENT COMPANY, INC.



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

3. Date Incorporated or Qualified: 05/27/1994
3a. Date of Last Report: 03/30/1995
4. FEI Number: 65-0494823
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: ZIMBLE, DAVID S % ZIMBLE FORMOSO-MURIAS P.A. 1101 BRICKELL AVE., PENTHOUSE MIAMI FL 33131
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHRFIELD, MOSHE	1.2 NAME	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOB, DR. ALLAN	2.2 NAME	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPARD, DR. TUVIA	3.2 NAME	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAIT, RABBI BENTZION	4.2 NAME	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNBLATT, RABBI KEEVA	5.2 NAME	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIMAN, RABBI YISROEL	6.2 NAME	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	6.4 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 119.07(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: *[Signature]* Rabbi Keeva Grunblatt 1/16/96 305-865-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)