


FILE NOW: FILING FEE IS \$61.25

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Feb 12 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 # N94000002680 (6)**  
 1. Corporation Name  
**TORAS EMES DEVELOPMENT COMPANY, INC.**



Principal Place of Business <b>% YESHIVA TORAS CHAIM (ATTN: RABBI NIMAN) 7141 INDIAN CREEK DR. MIAMI BEACH FL 33141</b>	Mailing Address <b>% YESHIVA TORAS CHAIM (ATTN: RABBI NIMAN) 7141 INDIAN CREEK DR. MIAMI BEACH FL 33141-3030</b>
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3. Date Incorporated or Qualified <b>05/27/1994</b>	3a. Date of Last Report <b>04/03/1996</b>
4. FEI Number <b>65-0494823</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 **DR ALLAN JACOB**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4345 N. MERIDIAN AVE.**  
 83 **MIAMI BEACH**  
 84 City **FL** 85 Zip Code **33140**

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]* **2-6-97**  
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	LEHRFIELD, MOSHE	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JACOB, DR. ALLAN	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PEPPARD, DR. TUVIA	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHAIT, RABBI BENTZION	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRUNBLATT, RABBI KEEVA	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NIMAN, RABBI YISROEL	
STREET ADDRESS	% 7141 INDIAN CREEK DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 an attachment with an address.

SIGNATURE: *[Signature]* **YISROEL NIMAN 2/5/97 305-865-4007**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020657

CR2E037 (9/96)