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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 % 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
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3. Date Incorporated or Qualified 05/27/1994
4. FEI Number 65-0494823
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

DR ALLAN JACOB
4345 N MERIDIAN AVE
1101 BRICKELL AVE., PENTHOUSE
MIAMI BCH FL 33140

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 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: _____ DATE: **4-27-98**

CFR2037 (10/97)