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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N94000003515 (3)

1. Corporation Name

JEWISH EDUCATIONAL SERVICES, INC.

Principal Place of Business
4341 SHERIDAN AVE.
MIAMI BEACH FL 33140

Mailing Address
4341 SHERIDAN AVE.
MIAMI BEACH FL 33140-3117

3. Date Incorporated or Qualified: 07/15/1994
3a. Date of Last Report: 08/01/1996

2. Principal Place of Business
21 1110 NE 163 ST
Suite, Apt. #, etc.
22 SUITE 8
City & State
23 N. MIAMI BEACH, FL
Zip 24 33162 Country 25

2a. Mailing Address
26 1110 NE 163 ST
Suite, Apt. #, etc.
27 SUITE 8
City & State
28 N. MIAMI BEACH, FL
Zip 29 33162 Country 30

4. FEI Number: 65-0504232 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

GLATT, RABBI G
4341 SHERIDAN AVE.
MIAMI BEACH 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 FL 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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	GLATT, RABBI GEDALYA	
STREET ADDRESS	4341 SHERIDAN AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	☐ DELETE
NAME	YARUS, GARY	
STREET ADDRESS	330 W. 45 ST.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	☒ DELETE
NAME	ZIMBLE, DAVID S	
STREET ADDRESS	% 1101 BRICKELL AVE., PENTHOUSE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	☐ Change ☒ Addition
1.2 NAME	SCHECHTER, JAY	
1.3 STREET ADDRESS	4333 N. JEFFERSON AVE.	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
2.1 TITLE	T	☐ Change ☒ Addition
2.2 NAME	DRUCKER, ANDREW	
2.3 STREET ADDRESS	5795 N. KENDALL DR.	
2.4 CITY-ST-ZIP	MIAMI, FL 33156	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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