

FILE NOW. FILING FEE IS \$01.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996 7**



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

DOCUMENT # N94000004442 (9)

1. Corporation Name

JERUSALEM INSTITUTE OF REHABILITATION, INC.

Principal Place of Business

Mailing Address

C/O 195 S.W. 15TH ROAD, #502
MIAMI FL 33129

C/O 195 S.W. 15TH ROAD, #502
MIAMI FL 33129

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/12/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0514724

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

10. Name and Address of New Registered Agent

**RAUZIN, ALAN H
195 S.W. 15TH ROAD, #502
MIAMI FL 33129**

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 617.0403, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD RAUZIN, ALAN H**
STREET ADDRESS **4535 NAUTILUS COURT**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE
NAME **VD RAUZIN, ERICA M**
STREET ADDRESS **4535 NAUTILUS COURT**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE
NAME **SED ARIEL, TUVIA CHAIM**
STREET ADDRESS **70/1 DERECH MITZPEH NEVO**
CITY-ST-ZIP **MAALEH ADUMIM, ISRAEL**

TITLE ☐ DELETE
NAME **TD ARIEL, SHULAMIT**
STREET ADDRESS **70/1 DERECH MITZPEH NEVO**
CITY-ST-ZIP **MAALEH ADUMIM, ISRAEL**

TITLE ☐ DELETE
NAME **D KASSEN, SAM**
STREET ADDRESS **SAFARDIC STUDY CENTER**
CITY-ST-ZIP **JEWISH QUARTER, OLD CITY ISRAEL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **900002200959**
3.4 CITY-ST-ZIP **-06/04/97--01035--005**
*****\$1.25**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **[same]**
5.3 STREET ADDRESS **JEWISH QUARTER, OLD CITY, ISRAEL**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: **Alan H. Rauzin Pres. Alan H. Rauzin 3/21/96**

CR2E037 (12/95)

FILED
May 21 1997 8:00am
Secretary of State