FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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1995 MAR -9 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N94000006105 (0)**

1. Corporation Name

THE TEMPLE ~~SANAI~~ SINAI FOUNDATION, INC.

Principal Place of Business	Mailing Address
18901 NE 22ND AVE N MIAMI BEACH FL 33180	18901 NE 22ND AVE N MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report:
4. FEI Number: 65-0558169 — X 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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

GORDON, HOWARD W
18801 NE 22ND AVE
NORTH MIAMI BEACH FL 33180

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	LEHMAN, WILLIAM JR	1.2 NAME	
STREET ADDRESS	2071 NE 194TH TER	1.3 STREET ADDRESS	500001428225
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	-03/13/95--01062--018
TITLE	DV	2.1 TITLE	*****61.25 ☐ Change ☐ Addition
NAME	MEYER, ARNOLD	2.2 NAME	
STREET ADDRESS	19707 NE 36TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	SILVERMAN, BARBARA	3.2 NAME	
STREET ADDRESS	20941 NE 21ST AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, HOWARD W	4.2 NAME	
STREET ADDRESS	2035 NE 201ST TER	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	SLAVIN, DICK	5.2 NAME	
STREET ADDRESS	15900 W TROON CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	5.4 CITY-ST-ZIP	
TITLE	DLOC	6.1 TITLE	☒ Change ☐ Addition
NAME	KSHIN, DONALD	6.2 NAME	LOCKSHIN, DONALD
STREET ADDRESS	20231 W OAKHAVEN CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	6.4 CITY-ST-ZIP	

2/15 3-9

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)(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: _____ SEC 1 March 95 (305) 444-1400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — Date — Daytime Phone #

0044028