

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000238 (4)

1. Corporation Name

TEMPLE BETH RAPHAEL, INC.



Principal Place of Business

1545 JEFFERSON AVENUE
MIAMI BEACH FL 33139

Mailing Address

420 LINCOLN ROAD -M.B.
SUITE 440
MIAMI BEACH FL 33139-3015
US1910 Alton Rd
M.B., FL
33139

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
01/13/19953a. Date of Last Report
03/04/19964. FEI Number
59-1155116Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BENNETT, JOSH ESQ
420 LINCOLN ROAD
SUITE 440
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name TALMUDIC COLLEGE OF FLORIDA
82 Street Address (P.O. Box Number is Not Acceptable)
1910 Alton Rd
83
84 City Miami Beach FL 85 Zip Code 33139

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURSTYN, JEREMIAH	
STREET ADDRESS	1545 JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HILL, IRA	
STREET ADDRESS	1910 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	AVD	<input type="checkbox"/> DELETE
NAME	FAIGEN, DAVID	
STREET ADDRESS	1910 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HILL, IRA	
1.3 STREET ADDRESS	1910 ALTON RD	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Yitzhak Zweig	
2.3 STREET ADDRESS	2033 N Bay Rd	
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
3.1 TITLE	AVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Milton Simon	
3.3 STREET ADDRESS	1910 Alton Rd	
3.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/97 (305) 534-7050

CR2E037 (9/96)