## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000000548 (6)

CHILDREN'S HOLOCAUST MEMORIAL, INC.

**FILED** Feb 11 1997 8:00am Secretary of State

Principal Place of Business Mailing Address									<u> </u>		0       <b>                               </b>	<u> </u>	
7385 SW 131 STREET MIAMI FL 33156				7385 SW 131 STREET MIAMI FL 33156-5369				Ì					
								:	3. Date Incorporated or Qualified 02/03/1995	3a. D	ate of Last 05/01/19		]
2. Principal Place of Business				2a. Mailing Address				-	4. FEI Number	Applied For			
21				26				65-0555059	Not Applicable				
Suite, Apt. #, etc.			27				:	5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State			28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country			¬ `		ountry			8. This corporation has liability for intangible tax under s. 199.032,				
24 25 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26			29	tered Agent					Florida Statutes Yes No  10. Name and Address of New Registered Agent				
17	<b>9.</b> (40)	AND ADDITION OF COL	ent riegia	Stored Agent		81	Name	· · · ·	U. Hame and Address of New Me	gistered.	Agent		┨
1E	IDMANO A					82							╛
SPEIGEL, IRVING A. 7385 SW 131 STREET							Street /	Address	(P.O. Box Number is Not Acceptate	ole)			
		ERFITT & EIDSON	ΡΔ			83							┪
MIAMI FI		Entra a Ciboon	• • • • • • • • • • • • • • • • • • • •					•			11		4
,,,,, a.,,						84	City			FL	_ <b> 85</b>   Zip	Code	
11. Pursuant	to the provis	ions of Sections 617.0	502 and 6	17.1508, Florida Stal	tutes, the a	bove	-named	corporat	ion submits this statement for the p	ourpose o	of changing	its registered	7
agent. I a	m <b>(a</b> miliar wi	th, and accept the ob	liga <b>ți</b> ons o	f, Section 617.0503,	Florida Sta	tutes	ine corp S	porations	board of directors. I hereby accept	אנ וחפים אני ע	pointment as	, registered	
SIGNATURE	The same	- U Direce	يلع	·						2/5	197		
Signature, typed of printed name of vigisterals from 12. OFFICERS AND				en and title if applicable (NOTE Regis			ni signature	tednited w	en reinstating)  ADDITIONS/CHANGES TO OFFIC	PATE CERS AN	D DIBECTO	RS IN 12	4
TITLE	D	- STITULING		DELETE	1.1 T	ITLE			TO STATE OF THE PARTY OF THE PA	20110111	Change	Addition	18
NAME	SPIEGEL, IRVING A					AME						_	12
STREET ADDRESS				1.3 \$		STREET ADDRESS		}					18
CITY-ST-ZIP	MIAMI FL 33156			1.4		1.4 CITY-ST-ZIP		İ					ĺŠ
TITLE	D			DELETE 2.1		TLE					Change	Addition	7
NAME	RAVENNA, TIMOTHY			2.2		2.2 NAME							
STREET ADDRESS				2.3 \$			ADDRESS						
CITY-ST-ZIP	MIAMI F	L 33156					ST - ZIP			·			_
TITLE	D THOMAS			DELETE 3.1 TI			ļ	ļ			L Change	Addition	1
NAME		SON, THOMAS			3.2 N								
STREET ADDRESS	1 1000						ADDRESS						
CITY-ST-ZIP TITLE	MIAMI FL 33156						ST-ZIP	1			Change	Addition	-
NAME	SILVERMAN, JON			4.21								L Addition	
	STREET ADDRESS 7385 SW 131 STREET						ADDRESS						
CITY-ST-ZIP MIAMI FL 33156				4.4 C			1	l					1
TITLE				DELETE	5.1 T						Change	Addition	1
NAME						.2 NAME		1					
STREET ADDRESS					5.3 S	TREET	ADDRESS						
CITY-ST-ZIP					5.4 0	ITY - S	T-ZIP						
TITLE				☐ DELETE	6.1 T	TLE					Change	Addition	
NAME					6.2 N	AME							
STREET ADDRESS					6.3 S	TREET	address	[					
CITY-ST-ZIP		4 th - 1-k		1 60		ITY-S		ļ					1
14. I do heret	by certify the	it the information supp	Hed with th	nis tilina daes not au:	ality for the	exe	motion si	tated in S	Section 119 07(3)(i) Florida Statute	s I furthe	ar certify tha	t the	- 1

I formation 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.