

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N95000000950 (4)**  
 1. Corporation Name

**AMERICAN FRIENDS OF MESILOT HATORAH, INC.**



Principal Place of Business Mailing Address  
 17101 N.E. 19TH AVENUE SUITE 104 NORTH MIAMI BEACH FL 33162  
 17101 N.E. 19TH AVENUE SUITE 104 NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified **02/24/1995** 3a. Date of Last Report  
 4. FEI Number **65-0615054** 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

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**EDDERAI, JEAN-JACQUES**  
**17101 N.E. 19TH AVE.**  
**SUITE 104**  
**N MIAMI BEACH FL 33162**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS  DELETE  
 TITLE  DELETE  
 NAME **DIRECTOR**  
 STREET ADDRESS **JEAN-JACQUES EDDERAI**  
 CITY-ST-ZIP **17101 NE 19 AVE #104**  
**N M BEACH, FL 33162**  
 TITLE  DELETE  
 NAME **DIRECTOR**  
 STREET ADDRESS **ISAAC SALVER**  
 CITY-ST-ZIP **1900 SW 3 AVENUE**  
**MIAMI, FL 33129**  
 TITLE  DELETE  
 NAME **DIRECTOR**  
 STREET ADDRESS **ABRAHAM BENZAQUEN**  
 CITY-ST-ZIP **1200 NORMANDY DRIVE**  
**MIAMI BEACH, FL 33141**  
 TITLE  DELETE  
 NAME **DIRECTOR**  
 STREET ADDRESS **LEON BENHAMU**  
 CITY-ST-ZIP **17101 NE 19 AVE #104**  
**N. MIAMI BEACH, FL 33162**  
 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  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 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

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 or on an attachment with an address.

**SIGNATURE: X** **STAMPED AND REQUIRED** **X 06/12/96**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0008105

CR2E037 (3/96)