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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 17101 N.E. 19TH AVENUE  
SUITE 104 SUITE 104  
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162-3159

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

3. Date Incorporated or Qualified 02/24/1995 3a. Date of Last Report 07/18/1996  
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

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

12. OFFICERS AND DIRECTORS  
TITLE D ☐ DELETE  
NAME EDERAI, JEAN-JACQUES  
STREET ADDRESS 17101 NE 19 AVE #104  
CITY-ST-ZIP N MIAMI BCH FL  
TITLE D ☐ DELETE  
NAME SALVER, ISAAC  
STREET ADDRESS 1900 SW 3RD AVE  
CITY-ST-ZIP MIAMI FL  
TITLE D ☐ DELETE  
NAME BENZAQUEN, ABRAHAM  
STREET ADDRESS 1200 NORMANDY DR  
CITY-ST-ZIP MIAMI BEACH FL  
TITLE D ☐ DELETE  
NAME BENHAMU, LEON  
STREET ADDRESS 17101 NE 19TH AVE #1-4  
CITY-ST-ZIP N MIAMI BCH FL  
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 5881 NW 151 STREET, SUITE 101  
2.4 CITY-ST-ZIP MIAMI LAKES, FL 33014  
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 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 assigned, or in Block 14 if assigned with an address.

SIGNATURE SIGNATURE REQUIRED

CR2E037 (9/96)