

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000001581 (6)

1. Corporation Name

THE LILMOD UL'LAMED INSTITUTE, INC.



Principal Place of Business Mailing Address  
% ZIMBLE FORMOSO-MURIAS  
1101 BRICKELL AVENUE, PENTHOUSE SUITE  
MIAMI FL 33131  
% ZIMBLE FORMOSO-MURIAS  
1101 BRICKELL AVENUE, PENTHOUSE SUITE  
MIAMI FL 33131

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

3. Date Incorporated or Qualified 04/03/1995 3a. Date of Last Report N/A  
4. FEI Number 65-0568800 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Finance Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation is liable for intangible tax under s. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

ZIMBLE, DAVID S ESQ.  
% 1101 BRICKELL AVENUE  
PENTHOUSE  
MIAMI FL 33131

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 in parentheses

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D SHIFMAN, MORDECHAI  
NAME  
STREET ADDRESS % 1101 BRICKELL AVENUE, PENTHOUSE SUITE  
CITY-ST-ZIP MIAMI FL 33131  
TITLE D ZIMBLE, DAVID S ESQ.  
NAME  
STREET ADDRESS % 1101 BRICKELL AVENUE, PENTHOUSE SUITE  
CITY-ST-ZIP MIAMI FL 33131  
TITLE D STERENTAAL, PAUL  
NAME  
STREET ADDRESS % 1101 BRICKELL AVENUE, PENTHOUSE SUITE  
CITY-ST-ZIP MIAMI FL 33131  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 if changed, or on an attachment with an address.

SIGNATURE:

Mordechai Shifman MORDECHAI SHIFMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96  
Date

534 7050  
Daytime Phone #