

FILE NOW: FILING FEE IS \$61.2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000002712 (6)

1. Corporation Name
KABBALAH'S LEARNING CENTER, INC.



Principal Place of Business: 16921 NE 6TH AVENUE NO. MIAMI FL 33162
Mailing Address: 16921 NE 6TH AVENUE NO. MIAMI FL 33162

3. Date Incorporated or Qualified: 06/12/1995
3a. Date of Last Report

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

4. FEI Number: 65-0638140
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

10. Name and Address of New Registered Agent

MOSKOWITZ, MICHAEL
16921 NE 6TH AVENUE
NO. MIAMI FL 33162

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 undersigned, as a duly authorized officer or registered agent, or both, in the State of Florida, certifies that the information furnished is true and correct, and that the undersigned is 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSKOWITZ, MICHAEL	
STREET ADDRESS	16921 NE 6TH AVENUE	
CITY-ST-ZIP	NO. MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSKOWITZ, ELI S	
STREET ADDRESS	16921 NE 6TH AVENUE	
CITY-ST-ZIP	NO. MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERG, PHILIP	
STREET ADDRESS	16921 NE 6TH AVENUE	
CITY-ST-ZIP	NO. MIAMI FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY-ST-ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY-ST-ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY-ST-ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY-ST-ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Moskowitz (407) 347-7095
Date: 4/26/96 Daytime Phone #

CR2E037 (12/95)