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Feb 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000003149 (0)

1. Corporation Name  
JEWISH YOUNG ADULT NETWORK, INC.



Principal Place of Business Mailing Address  
10270 S.W. 109TH STREET MIAMI FL 33176 10270 S.W. 109TH STREET MIAMI FL 33176-3453

3. Date Incorporated or Qualified 06/30/1995 3a. Date of Last Report 05/01/1996

21	2. Principal Place of Business 9301 SW 92 AVE Suite, Apt. #, etc. # B-314 City & State Miami, FL Zip 33176	25	Country USA	26	2a. Mailing Address 9301 SW 92 AVE Suite, Apt. #, etc. # B-314 City & State Miami, FL Zip 33176	29	Country USA	4.	FEI Number 65-0591124	Applied For
22		27		28		30		5.	Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
23		27		28		30		6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		27		28		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIRSH, MICHAEL  
10270 S.W. 109TH STREET  
MIAMI FL 33176

81	Name HIRSH, MICHAEL
82	Street Address (P.O. Box Number is Not Acceptable) 9301 SW 92 AVE
83	# B-314
84	City MIAMI
85	Zip Code FL 33176

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: *Michael Hirsh* DATE: 1-26-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HIRSH, MICHAEL	
STREET ADDRESS	10270 S.W. 109TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FALOWITZ, LISA	
STREET ADDRESS	9720 S.W. 130TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWARTZ, NADINE	
STREET ADDRESS	9845 S.W. 126TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDMAN, MAURA	
STREET ADDRESS	7211 S.W. 62ND AVENUE, #202	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	HIRSH, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	9301 SW 92 AVE # B314	
1.3 STREET ADDRESS	MIAMI, FL 33176	
1.4 CITY-ST-ZIP		
2.1 TITLE	HIRSH, LISA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	9301 SW 92 AVE, # B314	
2.3 STREET ADDRESS	MIAMI, FL 33176	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address.

SIGNATURE: *Maura Feldman, President* DATE: 205-96-7539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0033055

CR2E037 (9/96)