

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 3317610270 S.W. 109TH STREET
MIAMI FL 33176-34533. Date Incorporated or Qualified
06/30/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 9301 SW 92 AVE

2a. Mailing Address

26 9301 SW 92 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22# B-314

27 # B-314

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33176

25 USA

29 33176

30 USA

4. FEI Number

65-0591124

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

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

FL

85 Zip Code

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

v Michael Hirsh

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HIRSH, MICHAEL	
STREET ADDRESS	10270 S.W. 109TH STREET	
CITY - ST - ZIP	MIAMI FL 33176	

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		

TITLE	D	<input type="checkbox"/> DELETE
NAME	FALOWITZ, LISA	
STREET ADDRESS	9720 S.W. 130TH STREET	
CITY - ST - ZIP	MIAMI FL 33176	

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		

TITLE	D	<input type="checkbox"/> DELETE
NAME	SWARTZ, NADINE	
STREET ADDRESS	9845 S.W. 126TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33176	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDMAN, MAURA	
STREET ADDRESS	7211 S.W. 62ND AVENUE, #202	
CITY - ST - ZIP	MIAMI FL 33143	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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: v

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033055

CR2E037 (9/96)