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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003149(0)			
1. Corporation Name Jewish Young Adult Network, Inc.			
Principal Place of Business 2961 Whitehead St Coconut Grove, FL 33133		Mailing Address 2961 Whitehead St Coconut Grove, FL 33133	
2. Principal Place of Business 21 4036 EL Prado Blvd Suite, Apt. #, etc. 22 City & State 23 Coconut Grove, FL Zip 24 33133	2a. Mailing Address 26 4036 EL Prado Blvd Suite, Apt. #, etc. 27 City & State 28 Coconut Grove, FL Zip 29 33133	3. Date Incorporated or Qualified 06/30/95 4. FEI Number 65-059114 65-0591124 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent Hirsh, Michael 2961 Whitehead Street Coconut Grove, FL 33133		10. Name and Address of New Registered Agent 81 Name Hirsh, Michael 82 Street Address (P.O. Box Number is Not Acceptable) 4036 EL Prado Blvd 83 84 City Coconut Grove FL 85 Zip Code 33133	
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 <i>Michael A. Hirsh, President</i> DATE 04/30/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP President - Director Hirsh, Michael 2961 Whitehead Street Coconut Grove, FL 33133	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP President - Director Hirsh, Michael 4036 EL Prado Blvd Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP Secretary - Director Hirsh, Lisa 2961 Whitehead Street Coconut Grove, FL 33133	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP Secretary - Director Hirsh, Lisa 4036 EL Prado Blvd. Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP Treasurer - Director Rose Falowitz 3910 Little Avenue Coconut Grove, FL 33133	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP Treasurer - Director Rose Falowitz 3910 Little Avenue Coconut Grove, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Michael A. Hirsh, President* Michael A. Hirsh, President DATE 04/30/99 305-592-4775
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #