

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003479 (1)

1. Corporation Name

BETH TFIHAF OF MIAMI BEACH, INC.

Principal Place of Business

935 EUCLID AVE.
MIAMI BEACH FL 33139

Mailing Address

935 EUCLID AVE.
MIAMI BEACH FL 33139



3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEIN

59-0678768

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

NO TAX

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, JOSEPH

935 EUCLID AVE.

MIAMI BEACH FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

800001767128

-04/02/96--01119--027

84 City

***61.25

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

Joseph Bernstein

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P + D.	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, JOSEPH	PRESIDENT
STREET ADDRESS	935 EUCLID AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	V. P. & D.	<input type="checkbox"/> DELETE
NAME	ABELO GOLTZMAN	VICE PRES.
STREET ADDRESS	1033 LENDY AVE	
CITY-ST-ZIP	M. B. FLA 33139	
TITLE	TR. & D.	<input type="checkbox"/> DELETE
NAME	SEYMOUR SCHAFFER	TREASURER
STREET ADDRESS	855 EUCLID AVE	
CITY-ST-ZIP	M. B. FLA 33139	
TITLE	SEC. & D.	<input type="checkbox"/> DELETE
NAME	HENRY FUCHS	SECRETARY
STREET ADDRESS	910 JOHNSON AVE	
CITY-ST-ZIP	M. B. FLA 33139	
TITLE	CHAIR. & D.	<input type="checkbox"/> DELETE
NAME	MANHUA SCHWARTZ	CHAIRMAN
STREET ADDRESS	1000 BAKER AVE	
CITY-ST-ZIP	M. B. FLA 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 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

Henry Fuchs HENRY FUCHS

1/17/96 305 673 8007

CR2E037 (12/95)