

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Moftham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003479 (1)

1. Corporation Name

BETH TFIH OF MIAMI BEACH, INC.



Principal Place of Business

Mailing Address

935 EUCLID AVE.  
MIAMI BEACH FL 33139935 EUCLID AVE.  
MIAMI BEACH FL 33139-5413

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

04/02/1996

4. FEI Number

59-0678768

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 ☐ NoBERNSTEIN, JOSEPH  
935 EUCLID AVE.  
MIAMI BEACH FL 33139

81 Name

DR. YORAM DAHAV

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

1400 LENOX AVE

83

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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

Dr. Yoram Dahav

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERNSTEIN, JOSEPH	
STREET ADDRESS	935 EUCLID AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ACISLO, GOLTZMAN	
STREET ADDRESS	1032 LENOX AVE	
CITY-ST-ZIP	MIAMI BCH. FL 33139	
TITLE	TRD	<input checked="" type="checkbox"/> DELETE
NAME	SCHRECH, SEYMOUR	
STREET ADDRESS	935 EUCLID AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FUCAS, HENRY	
STREET ADDRESS	910 JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BCH. FL 33139	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, NANDOR	
STREET ADDRESS	1020 EUCLID AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KLEIN, ARON	
1.3 STREET ADDRESS	1020 EUCLID AVE	
1.4 CITY-ST-ZIP	MIAMI BEACH, FLA 33139	
2.1 TITLE	SNYDER, YAKOV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1666 WEST AVE #210	
2.3 STREET ADDRESS	MIAMI BEACH FL 33139	
2.4 CITY-ST-ZIP		
3.1 TITLE	DAHAV, YORAM - TRD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1400 LENOX AVE	
3.3 STREET ADDRESS	MIAMI BEACH, FL 33139	
3.4 CITY-ST-ZIP		
4.1 TITLE	GOLDING, MANOV, P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	801 MERIDIAN AVE #79C	
4.3 STREET ADDRESS	MIAMI BEACH, FL 33139	
4.4 CITY-ST-ZIP		
5.1 TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCHWARTZ, NANDOR	
5.3 STREET ADDRESS	1020 EUCLID AVE	
5.4 CITY-ST-ZIP	MIAMI BEACH, FLA	
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:

Dr. Yoram Dahav

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97 305-522-7844

Date

Daytime Phone # 0027341

CR2E037 (9/96)