


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90110 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003479					
1. Corporation Name BETH TFLAH OF MIAMI BEACH, INC.					
Principal Place of Business 935 EUCLID AVE. MIAMI BEACH FL 33139			Mailing Address PO BOX 398838 MIAMI BEACH FL 33239-838 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/24/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0678768	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24		25		29	
26		27		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAHAV, YORAM D 1400 LENOX AVE MIAMI BEACH FL 33139				81 Name MARTON STERN			
				82 Street Address (P.O. Box Number is Not Acceptable) 701 EUCLID AVE #302			
				83			
				84 City MIAMI BEACH			
				85 Zip Code FL 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	KLEIN, ARON				
STREET ADDRESS	1020 EUCLID AVE				
CITY-ST-ZIP	MIAMI BEACH FL				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	SNYDER, YAAKOV				
STREET ADDRESS	1666 W AVE 210				
CITY-ST-ZIP	MIAMI BCH. FL				
TITLE	TRD	<input checked="" type="checkbox"/> DELETE			
NAME	DAHAV, YORAM				
STREET ADDRESS	1400 LENOX AVE				
CITY-ST-ZIP	MIAMI BEACH FL				
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	GOLDRING, MANOV				
STREET ADDRESS	801 MERIDIAN AVE APT 2C				
CITY-ST-ZIP	MIAMI BCH. FL				
TITLE	CD	<input checked="" type="checkbox"/> DELETE			
NAME	SCHWARTZ, NANDOR				
STREET ADDRESS	1020 EUCLID AVE				
CITY-ST-ZIP	MIAMI BEACH FL 33139				
TITLE		<input checked="" type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	STERN, MARTON				
1.3 STREET ADDRESS	701 EUCLID AVE 302				
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP	TR				
3.1 TITLE	JACABOWICS, ISIDORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS	224 WASHINGTON AVE				
3.4 CITY-ST-ZIP	MIAMI BEACH FL 33139				
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 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, with all other like empowered.

SIGNATURE: *Marton Stern* REQUIRED MARTON STERN 4/29/99 (305) 531-9827

CR2E037 (11/98)