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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000069 (2)
1. Corporation Name
CONGREGATION MAGEN DAVID OF HALLANDALE, INC.



Principal Place of Business: 2500 PARKVIEW DR., APT. 411 HALLANDALE FL 33009
Mailing Address: 2500 PARKVIEW DR., APT. 411 HALLANDALE FL 33009-2805

3. Date Incorporated or Qualified: 01/04/1996
3a. Date of Last Report
4. FEI Number: 65-0634112
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent
GINDI, ISAAC
1002 NE 25TH AVE.
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GINDI, ISAAC	1.2 NAME	ALBERT Yehid
STREET ADDRESS	1002 NE 25 AVE.	1.3 STREET ADDRESS	2500 Parkview Drive
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	ISAAC GINDI <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLAS, SAM	2.2 NAME	ISAAC GINDI
STREET ADDRESS	600 PARKVIEW DR., APT. 115	2.3 STREET ADDRESS	1002-NE 25 Ave
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	ALBERT Yehid <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2500 Parkview Dr. Apt 410	3.2 NAME	SAM FALLAS
STREET ADDRESS	HALLANDALE, FL 33009	3.3 STREET ADDRESS	600 Parkview Dr
CITY-ST-ZIP	HALLANDALE, FL 33009	3.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Moe D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Moe D
STREET ADDRESS		4.3 STREET ADDRESS	2500 Parkview Dr
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HALLANDALE, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Joe D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Joe Zalta
STREET ADDRESS		5.3 STREET ADDRESS	2500 Parkview Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: 1/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0022577

CR2E037 (9/96)