

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000652 (5)

1. Corporation Name

AHAVAS YISROEL CONGREGATION, INC.



Principal Place of Business

Mailing Address

1710 N.E. 191ST STREET  
SUITE 311  
NORTH MIAMI BEACH FL 331791710 N.E. 191ST STREET  
SUITE 311  
NORTH MIAMI BEACH FL 33179-4203

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
02/07/1996

3a. Date of Last Report

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. 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 ☐ No

10. Name and Address of New Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.  
2 ALHAMBRA PLAZA  
SUITE 1202  
CORAL GABLES FL 33134

81 Name Bernard Brown

82 Street Address (P.O. Box Number is Not Acceptable)  
1710 N.E. 191 St.

83 Suite 311

84 City No. Miami Beach

FL

85 Zip Code  
33179

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

BERNARD BROWN

(NOTE: Registered Agent signature required when reinstating)

12/16/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES ☐ DELETE  
NAME BROWN, BERNARD  
STREET ADDRESS 1710 N.E. 191ST STREET, APT. 311  
CITY-ST-ZIP NORTH MIAMI BEACH FL 331791.1 TITLE Treasurer ☐ Change ☒ Addition  
1.2 NAME SCHINDLER, PHYLLIS  
1.3 STREET ADDRESS 1710 N.E. 191 STREET, APT. 310  
1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33179TITLE D ☐ DELETE  
NAME AUSTER, HARRY  
STREET ADDRESS 1750 N.E. 191ST STREET, APT. 328  
CITY-ST-ZIP NORTH MIAMI BEACH FL 331792.1 TITLE BRODY, EMANUEL ☐ Change ☒ Addition  
2.2 NAME 1660 N.E. 191 STREET, APT. 310  
2.3 STREET ADDRESS NORTH MIAMI BEACH, FL. 33179  
2.4 CITY-ST-ZIPTITLE VICE PRES. ☐ DELETE  
NAME BERGER, WILLIAM  
STREET ADDRESS 1710 N.E. 191ST STREET, APT. 305  
CITY-ST-ZIP NORTH MIAMI BEACH FL 331793.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME ENDZWEIF, WILLIAM  
3.3 STREET ADDRESS 1770 N.E. 191 STREET, APT. 105  
3.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33179TITLE SECRETARY ☐ DELETE  
NAME BROWN, LYDIA  
STREET ADDRESS 1710 N.E. 191ST STREET, APT. 311  
CITY-ST-ZIP NORTH MIAMI BEACH FL 331794.1 TITLE D ☐ Change ☐ Addition  
4.2 NAME KAHAN, MENDEL  
4.3 STREET ADDRESS 1770 N.E. 191 STREET, APT. 213  
4.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33179TITLE D ☐ DELETE  
NAME WEISSER, NACHMAN  
STREET ADDRESS 1680 N.E. 191ST STREET, APT. 1  
CITY-ST-ZIP NORTH MIAMI BEACH FL 331795.1 TITLE D ☐ Change ☐ Addition  
5.2 NAME LEVY, RABBI HYMAN  
5.3 STREET ADDRESS 1750 N.E. 191 STREET, APT. 319  
5.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33179TITLE D ☒ DELETE  
NAME ACKERMAN, HERMAN  
STREET ADDRESS 1670 N.E. 191ST STREET, APT. 302  
CITY-ST-ZIP NORTH MIAMI BEACH FL 331796.1 TITLE D ☐ Change ☐ Addition  
6.2 NAME ORGEL, NATHAN  
6.3 STREET ADDRESS 1660 N.E. 191 STREET, APT. 307  
6.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33179

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD BROWN,

Date

Daytime Phone # 0033269

305-947-8582

CR2E037 (9/96)