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Secretary of State

07-05-2001 90004 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 2001		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000741			
1. Corporation Name THE INSTITUTE FOR JUDAIC PUBLICATIONS, INC.			
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR MIAMI FL 33133		Mailing Address 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR MIAMI FL 33133	



2. Principal Place of Business 21 100 S.E. 2nd Street, 40th Fl. Suite, Apt. #, etc.		2a. Mailing Address 26 100 S.E. 2nd St., 40th Fl. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/12/1996	
22 City & State 23 Miami, FL USA 24 33131		27 City & State 28 Miami FL USA 29 33131		4. FEI Number 65-0656902	
25		30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second St., 40th Fl. 83 84 City MIAMI FL 85 Zip Code 33131	
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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: *Michael Berke* DATE: 6/22/01

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 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)(b), 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. If 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 is on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael S. Berke* APRIL 10, 2001 (248) 550-7158

Attachment



Doc # N96000000741
A007576

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 21, 2001

THE INSTITUTE FOR JUDAIC PUBLICATIONS, INC.
2601 SOUTH BAYSHORE DRIVE
19TH FLOOR
MIAMI, FL 33133

Subject: THE INSTITUTE FOR JUDAIC PUBLICATIONS, INC.

Reference Number: N96000000741

* See
Attached
Check now
enclosed
for \$61.25

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION