

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Aug 07 1996 8:00 am  
Secretary of State

DOCUMENT # P24703 (1)

1. Corporation Name  
ANTI-DEFAMATION LEAGUE OF B'NAI B'RITH, INCORPORATED

Principal Place of Business Mailing Address  
150 S.E. SECOND AVENUE 2 S. BISCAYNE BLVD.  
SUITE 800 SUITE 2650  
MIAMI FL 33131-1802 MIAMI FL 33131-1802

3. Date Incorporated or Qualified 06/12/1989	3a. Date of Last Report 03/06/1995
4. FEI Number 13-1818723	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
TEITELBAUM, ARTHUR  
150 S.E. SECOND AVENUE 2 S. BISCAYNE BLVD.  
SUITE 800 2650  
MIAMI FL 33131-1802

10. Name and Address of New Registered Agent	
81 Name ARTHUR N. TEITELBAUM	85 Zip Code 33131
82 Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE BLVD.	
83 SUITE 2650	
84 City MIAMI	

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 8/1/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALBERG, MELVIN	1.2 NAME	
STREET ADDRESS	800 THIRD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASSLER, DAVID	2.2 NAME	
STREET ADDRESS	321 MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	GR BARRINGTON MA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, IRVING	3.2 NAME	
STREET ADDRESS	C/O SULLIVANS, RTS 17 AND 52	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIBERTY NY 12754	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAFTALY, ROBERT	4.2 NAME	
STREET ADDRESS	800 EAST LAFAYETTE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOXMAN, ABRAHAM H.	5.2 NAME	
STREET ADDRESS	823 UNITED NATIONS PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLNER, PETER T	6.2 NAME	
STREET ADDRESS	823 UNITED NATIONS PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96

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CR2E037 (3/96)