

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR - 5 AM 6:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N35656 (0)**

1. Corporation Name  
**HEDVA EIBESHUTZ INSTITUTE OF HOLOCAUST STUDIES, INC.**

Principal Place of Business Mailing Address  
**1761 E 19 ST 2675 NE 191 ST #802 AVENTURA FL 33180**  
**1761 EAST 19 STREET 2675 NE 191 ST #802 BROOKLYN NY 11229 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/14/1989** 3a. Date of Last Report **05/01/1994**  
4. FFI Number **65-0228795** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **1761 East 19th Street** 26 **1761 East 19th Street**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 **Brooklyn, N.Y.** 28 **Brooklyn, NY**  
24 **11229** 25 **U.S.A** 29 **11229** 30 **U.S.A**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**EIBESHITZ, JEHOSHUA  
6900 BAY DRIVE  
SUITE 402  
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent  
81 Name **Eibeshitz, Jehoshuah**  
82 Street Address (P.O. Box Number is Not Acceptable) **6900 Bay Drive**  
83 **# 40**  
84 City **Miami Beach** **FL** 85 Zip Code **33141**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EILENBERG, JOSEPH R MD.</b>	1.2 NAME	
STREET ADDRESS	<b>1823 AVENUE O</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BROOKLYN NY</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VTD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EIBESHUTZ, JEHOSHUA</b>	2.2 NAME	
STREET ADDRESS	<b>6900 BAY DRIVE, #4D</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EILENBERG, ANNA</b>	3.2 NAME	
STREET ADDRESS	<b>6900 BAY DRIVE, #4D</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EILENBERG, ELI M</b>	4.2 NAME	
STREET ADDRESS	<b>1781 EAST 19 STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BROOKLYN NY</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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: Anna Eilenberg, S/D Date: 3/25/95 Telephone: 718-377-0868  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR