

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$51.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200.25.)

APPROVED  
AND  
FILED

96 NOV 21 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N35656 (0)

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

Principal Place of Business

Mailing Address

1761 E 19 ST  
2875 NE 191 ST #808  
BROOKLYN NY 11229  
US

1761 EAST 19 STREET  
2875 NE 191 ST #808  
BROOKLYN NY 11229  
US

3. Date Incorporated or Qualified 12/14/1989	3a. Date of Last Report 04/08/1995
4. FEI Number 05-0228795	Applied For 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 21 1761 East 19th Street	2a. Mailing Address 2a 1761 East 19th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 22 Brooklyn, N.Y.	27 City & State 27 Brooklyn, N.Y.
23 Zip 23 11229	28 Country 28 U.S.A.
24 Zip 24 11229	30 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

EIBESHUTZ, JEHOSHUA  
6000 BAY DRIVE  
#4D  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: Eibeshitz, Jehoshua  
82 Street Address (P.O. Box Number is Not Acceptable): 6900 Bay Drive  
83 #4D  
84 City: Miami Beach FL 86 Zip Code: 33141

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: Eibeshitz, Jehoshua x Jehoshua Eibeshitz 11/15/1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	EILENBERG, JOSEPH R MD.	1.2 NAME	
STREET ADDRESS	1823 AVENUE O	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	EIBESHUTZ, JEHOSHUA	2.2 NAME	
STREET ADDRESS	6000 BAY DRIVE, #4D	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	300002014449--0
TITLE	SD	3.1 TITLE	-11/26/96--0110
NAME	EILENBERG, ANNA	3.2 NAME	***#236.25 ***#236.25
STREET ADDRESS	6000 BAY DRIVE, #4D	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	EILENBERG, ELI M	4.2 NAME	
STREET ADDRESS	1761 EAST 19 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REINSTATEMENT  
A. Alan  
11-21-96

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: *Anna Eilenberg* / SIGNATURE REQUIRED: Anna Eilenberg / 10/19/96 718-377-0888