FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997DOCUMENT #

N35656

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HEDVA EIBESHUTZ INSTITUTE OF HOLOCAUST STUDIES, INC.

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Principa! Place				(1944)191 868 11591 8411		8(11 878); 8 181	1 61611 6161	* 41841 41811 1841			
1761 E 19 ST BROOKLYN NY 11229		1761 E 19 ST BROOKLYN NY 11229-2201									
US		US				3. Date Incorporated or 0 12/14/1989	lualified	3a. Date	e of Last 11/21/1	Report 1 996	
2. Principal Pl	ace of Business	2a. Mailing Address 26				4. FEI Number 65-0228795				Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status De	sired		\$8.75	Additional Required	
City & State	5	City & State			-	6 5 (······		
23		28				6. Election Campaign Fin Trust Fund Contribution				O May Be d to Fees	
Zip	Country	Zip	Cou	intry	•	8. This corporation has lie	bility for i	ntangible t	ax under	s. 199.032,	
24	25				Florida Statutes Yes No						
	9. Name and Address of Current	Registered Agent			····	10. Name and Address o	New Re	gistered A	gent		
				81	Name						
EIBESHITZ, JEHOSHUA 6900 BAY DRIVE				82	Street A	dress (P.O. Box Number is Not Acceptable)					
#4D	AT DAIRC		83								
MIAMI B	BEACH FL 33141								85 Zir	Code	
11 Dureupol	to the provisions of Sections 617.0502	and 617 1509 Florida State	itee the el	bour	named.	corporation submits this statemen	t for the n	FL.	hanaina	ite registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida, Such change was	authorized	d by	the corp	voration's board of directors. I here	by accer	ot the appo	intment a	s registered	
SIGNATURE											
	Signature typed or profed harvirol registered agen-	t and title if applicable. (NC		d Age	ent signature	required when reinstating)		DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFIC				
TITL E	PD	☐ DELETE	1.1 71	TLE				l	Change	Addition	
NAME	EILENBERG, JOSEPH R MD.		1.2 N	AME							
STREET ADDRESS	1823 AVENUE O		1.3 \$1	TREET	ADDRESS						
CITY - ST - 7IP	Brooklyn ny		1.4 CI	TY-S	T-ZIP						
TITLE	VTD	DELETE	2.1 TI	TLE				[Change	Addition	
NAME	EIBESHUTZ, JEHOSHUA		2.2 N	AME							
STREET ADDRESS	6900 BAY DRIVE, #4D		2.3 \$1	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL		2.40	HTY - 5	ST-ZIP						
TITLE	\$D	☐ DELETE	3.1 TI	TLE					Change	Addition	
NAME	eilenberg, anna		3.2 N	AME							
STREET ADDRESS	6900 BAY DRIVE, #4D		3.3 \$	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL		3.4. 0	HTY-5	ST-ZIP						
TIZLE	D	DELETE	4.1 Ti	TLE					Change	Addition	
NAME	eilenberg, eli m		4.2 N	AME							
STREET ADDRESS	1761 EAST 19 STREET		4.3 S	TREET	ADDRESS						
CITY-ST-ZIP	BROOKLYN NY		4.4 C	ITY-S	ST - ZIP						
TITLE		☐ DELETE	5.1 Ti				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ţ	Change	Addition	
NAME			5.2 N	AME							
STREET ADDRESS			5.3 S	TREET	ADDRESS						
CHTY-ST-ZIP					ST - ZIP						
TITLE		DELETE	6.1 TI			· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME			6.2 N						_		
Cabita Apoptio			0.0.0		4DDOCCO						

64 CITY-ST-ZIP

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: UNDER STATUTE CONTROLLED TO DECEMBER AND CONTROLLED TO DECEMBER.