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NONPROFIT CORPORATION  
ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **N35656**

1. Corporation Name

**HEDVA EIBESHUTZ INSTITUTE OF HOLOCAUST STUDIES, INC.**

Principal Place of Business

1761 E 19 ST  
BROOKLYN NY 11229  
US

Mailing Address

1761 E 19 ST  
BROOKLYN NY 11229  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/14/1989

22 City & State

27 City & State

4. FEI Number  
**65-0228795**

Applied For  
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EIBESHITZ, JEHOShUA**  
**6900 BAY DRIVE**  
**#4D**  
**MIAMI BEACH FL 33141**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  DELETE

NAME **EILENBERG, JOSEPH R MD.**

STREET ADDRESS **1823 AVENUE O**

CITY-ST-ZIP **BROOKLYN NY**

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **VTD**  DELETE

NAME **EIBESHUTZ, JEHOShUA**

STREET ADDRESS **6900 BAY DRIVE, #4D**

CITY-ST-ZIP **MIAMI BEACH FL**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **SD**  DELETE

NAME **EILENBERG, ANNA**

STREET ADDRESS **6900 BAY DRIVE, #4D**

CITY-ST-ZIP **MIAMI BEACH FL**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **D**  DELETE

NAME **EILENBERG, ELI M**

STREET ADDRESS **1761 EAST 19 STREET**

CITY-ST-ZIP **BROOKLYN NY**

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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, with all other like empowered.

SIGNATURE:

*Joseph R Eilenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Anna Eilenberg*  
DATE

305-868-3471  
718-377-0868  
Daytime Phone #

CR2E037 (11/96)