FILE NOW: FILING FEE IS \$61.25

INPROFIT
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INVAL REPORT



FLORIDA DEPARTMENT OF STATE

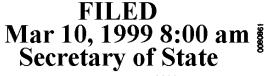
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N35656

1. Corporation Name

HEDVA EIBESHUTZ INSTITUTE OF HOLOCAUST STUDIES,



03-10-1999 90014 009 ****61.25

INC.							
Principal Plac	e of Business	Mailing Address			1		
1761 E 19 ST BROOKLYN N US		1761 E 19 ST BROOKLYN NY 11229 US					
Principal Place of Business 2a. Mailing Address 26					3. Date incorporated or Qualifed 12/14/1989		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For
22		27			CE 000070E		t Applicable
City & Stat	te	City & State	_		5. Certificate of Status Desired	\$8.75 / Fee Re	
Zip	Country Zip		Country		6. Election Campaign Financing	\$5.00	May Be
24	25 293		0		Trust Fund Contribution	\ Added t	to Fees
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			. 1
EIBESHITZ, JEHOSHUA 6900 BAY DRIVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	- 1	- 3
#4D	, Dillie		83	.+		1.	
MIAMI BE	EACH FL 33141		84	City	· v	85 Zip (Code
				_			
office or r	to the provisions of Sections 617.0507 registered agent, or both, in the State of familiar with, and accept the obligations are considered to the section of the college of	of Florida. Such change was author	ized by	the corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its opointment as re	registered gistered
SIGNATURE							
40	Signature, typed or printed name of registered agen			it signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	OFFICERS AN		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	PD REPRESENTATION OF THE PARTY	•					
NAME	EILENBERG, JOSEPH R MD.	1	1.2 NAME				}
STREET ADDRESS	1823 AVENUE O			FADDRESS			j
CITY-ST-ZIP	BROOKLYN NY		1.4 CITY-S	T- ZIP		Change	Addition
TITLE	VID		2.1 TITLE		•	Change	
NAME	EIBESHUTZ, JEHOSHUA		2.2 NAME		•		
STREET ADDRESS	1			ADDRESS			12
CITY-ST-ZIP	MIAMI BEACH FL			ST- ZIP		☐ Change	Addition
TITLE	SD SAINA	_	3.1 TITLE				ا
NAME	EILENBERG, ANNA		32 NAME	r +0000000	_		•
STREET ADDRESS	1	1		TADORESS			ļ
CITY-ST-ZIP	MIAMI BEACH FL D		3.4. CITY-5 1.1 TITLE	11-ZIP	,	Change	Addition
TITLE	! T	_	4.2 NAME			, <u> </u>	
NAME	EILENBERG, ELI M 1761 EAST 19 STREET			T ADDDECC			ļ
STREET ADDRESS	BROOKLYN NY			T ADDRESS			
CITY-ST-ZIP	DROUNLIN III)		4.4 CITY-S 5.1 TITLE	1-291		Change	Addition
		_	5.2 NAME	•			
NAME STREET ADDRESS		1		1 ADDRESS	,		
STREET ADDRESS	}		5.4 CITY-S		•		}
CITY-ST-ZIP			3.1 TITLE			☐ Change	Addition
TITLE			3.2 NAME	1		,	_
NAME				TADDRESS			
STREET ADDRESS			3.4 CITY-S				ſ
CITY-ST-ZIP	I	•	V+ 0111-2	1-4F	•		l l

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2GERECULATED EILEN BERG 2/25/99 718-377

3R2E037 (11/98)