

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 22 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000000378 (8)
 1. Corporation Name
 HERITAGE FOR THE BLIND, INC.



Principal Place of Business Mailing Address
 2450 NE MIAMI GARDENS DRIVE NO. MIAMI BEACH FL 33180
 2450 NE MIAMI GARDENS DRIVE NO. MIAMI BEACH FL 33180

3. Date Incorporated or Qualified
 01/25/1995
 4. FEI Number
 58-2164446
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 4700-B Sheridan St. 26 4700-B Sheridan St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Hollywood, FL 28 Hollywood, FL
 Zip Country Zip Country
 24 33021 25 USA 29 33021 30 USA

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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 ZEMEL, MORTON B
 2450 NE MIAMI GARDENS DRIVE
 NO. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent
 81 Name Zemel, Morton B.
 82 Street Address (P.O. Box Number is Not Acceptable) 4700-B Sheridan St.
 83
 84 City Hollywood FL 85 Zip Code 33021

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: *Morton B. Zemel* DATE: 7/31/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHVARTSMAN, VLADIMIRE	
STREET ADDRESS	2020 AVENUE O, APT. F4	
CITY-ST-ZIP	BROOKLYN NY 11210	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KHAZIN, SAMULL	
STREET ADDRESS	1812 EAST 18TH STREET APT. 6A	
CITY-ST-ZIP	BROOKLYN NY 11229	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SHENKERMANN, IRA	
STREET ADDRESS	1781 EAST 17TH STREET	
CITY-ST-ZIP	BROOKLYN NY 11229	
TITLE	Israel Bilus	<input type="checkbox"/> DELETE
NAME	Israel Bilus	
STREET ADDRESS	920 E. 17th St	
CITY-ST-ZIP	Brooklyn, N.Y. 11230	
TITLE	Abraham Desser	<input type="checkbox"/> DELETE
NAME	Abraham Desser	
STREET ADDRESS	1695 21st St Apt. 2A	
CITY-ST-ZIP	Brooklyn, N.Y. 11210	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shvartzman, Vladimire	
1.3 STREET ADDRESS	2020 Avenue O, Apt. F4	
1.4 CITY-ST-ZIP	Brooklyn, NY 11210	
2.1 TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bilus, Israel	
2.3 STREET ADDRESS	420 E. 17th St.	
2.4 CITY-ST-ZIP	Brooklyn, NY 11230	
3.1 TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Desser, Abraham	
3.3 STREET ADDRESS	1675 E. 21st St, Apt. 2A	
3.4 CITY-ST-ZIP	Brooklyn, NY 11230	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Abraham Desser* DATE: 7/12/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)