


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90246 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004829

1. Corporation Name
L'CHAIM SOCIETY, INC.

Principal Place of Business 3291 FRANKLIN AVE COCONUT GROVE FL 33133 US	Mailing Address 3291 FRANKLIN AVE COCONUT GROVE FL 33133 US
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2. Principal Place of Business 21 159 Colonial Road Suite, Apt. #, etc.	2a. Mailing Address 26 159 Colonial Road Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/21/1997
22	27	4. FEI Number 65-0805070
23 City & State Stamford, CT 06906	28 City & State Stamford, CT	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 06906	25 Country USA	29 Zip 06906
30 Country USA	31	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FELIG, RABBI Y 4005 EL PRADO BLVD COCONUT GROVE FL 33133	10. Name and Address of New Registered Agent 81 Name ANZ Registered Agent Corporation 82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive 83 Suite 1600 84 City Miami FL 85 Zip Code 33133
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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 hereby authorized to accept the provisions of Sections 617.0502, Florida Statutes.

SIGNATURE By: *Rabbi Y. Felig* DATE: 5/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FELIG, YAKOV 4005 EL PRADO BLVD COCONUT GROVE FL 33133 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/VP Felig, Yakov 4005 El Prado Blvd. Coconut Grove, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FELIG, GUTAL 4005 EL PRADO BLVD COCONUT GROVE FL 33133 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/P Deren, Yisroel 57 Revenah Avenue Stamford, CT 06905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMON, EPHRAIM 2917 WHITEHEAD ST MIAMI FL 33183 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/S/T Deren, Vivi 57 Revenah Avenue Stamford, CT 06905 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rabbi Y. Felig* **REQUIRE** Yakov Felig, V.P. 3/1/99 (305) 858-5555

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)