FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 25 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUI	MENT # 74059	6 (2)				
	REGATION LUBAVITCH, INC	3.				
0011011					1 38 8 1 1 1 8 8 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place	e of Business	Mailing Address				
1423 LENOX AVENUE 1423 LENOX AVENUE						
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-382			821			
					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address					10/31/1977 4. FEI Number	04/02/1996
21 26 26					59-1950020	Applied For Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional		
27					w	Fee Required
City & State City & State 23 28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country			у	8. This corporation has tiability for it	
24	25	29	30		Florida Statutes	Yes No
-	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent
BLAND I	OUT DON		81	Name		
BLANK, SHELDON 1423 LENOX AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)
MIAMI BEACH FL 33139			83	<u> </u>		
••••			84	City		85 Zip Code
			[]	'		FL 1
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617,1508, Florida State of Florida, Such change was	utes, the above authorized b	re-named corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
	m familiar with, and accept the oblig	ations of, Section 617.0503, F	Florida Statute	98.		
SIGNATURE .	Signature, typed or printed name of registered ag-	ent and title if applicable (NC	DTE Registered Ac	gent signature requ	ired when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	SD DELETE		1.1 TITLE			Change L Addition
NAME	MENDELSOHN, SHMUEL 2965 N. BAY RD.		1.2 NAME			
STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH, FL 00000		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE	PD	DELETE	21 TITLE			Change Addition
NAME	VIDAL, ROBERT		22 NAME	}		
STREET ADDRESS	3153 ROYAL PALM AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	-ST-ZIP		
TITLE	TD DELETE		3.1 TITLE			Change Addition
NAME	BLANK, SHELDON		3.2 NAME			
STREET ADDRESS	1423 LENOX AVE		3 3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 00000		3.4. CITY-	-ST - ZIP		
TITLE	V DELETE		4.1 TITLE			☐ Change ☐ Addition
NAME	KORF, ABRAHAM		4. 2 NAME	i i		
STREET ADDRESS	1257 ALTON RD			T ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL VS DELETE		4.4 CITY-	ST-ZiP		Change Addition
TITLE	,-		5.1 TITLE	{		The results The Water of the
NAME CTREET ANDRESS	GOLOWINSKI, DAVID 2929 N BAY RD		5.2 NAME	5.3 STREET ADDRESS		
STREET ADDRESS	MIAMI BEACH FL			5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		
CITY-ST-ZIP TITLE	MIAMI BEACH FL DELETE		6.1 TITLE	31-71r		Change Addition
NAME			6.2 NAME	Ì		
STREET ADDRESS				T ADDRESS		
			3.5 511120			

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.

CONSTRUCTION AND AND AND STANKE WIND