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May 24, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 740596

1. Corporation Name

CONGREGATION LUBAVITCH, INC.

Principal Place of Business

**1423 LENOX AVENUE
 MIAMI BEACH FL 33139**

Mailing Address

**1423 LENOX AVENUE
 MIAMI BEACH FL 33139**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/31/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1950020

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**BLANK, SHELDON
 1423 LENOX AVENUE
 MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name **Mendelsohn, Shmuel**
 82 Street Address (P.O. Box Number is Not Acceptable) **2965 North Bay Road**
 83
 84 City **Miami Beach** FL 85 Zip Code **33140**

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

TITLE **SD** DELETE
 NAME **MENDELSON, SHMUEL**
 STREET ADDRESS **2965 N. BAY RD.**
 CITY-ST-ZIP **MIAMI BEACH, FL 00000**

TITLE **PD** DELETE
 NAME **MOSKOWITZ, KARL**
 STREET ADDRESS **1353 14TH STREET**
 CITY-ST-ZIP **BROOKLYN NY 11219**

TITLE **TD** DELETE
 NAME **BLANK, SHELDON**
 STREET ADDRESS **1423 LENOX AVE**
 CITY-ST-ZIP **MIAMI BEACH, FL 00000**

TITLE **V** DELETE
 NAME **KORF, ABRAHAM**
 STREET ADDRESS **1257 ALTON RD**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VS** DELETE
 NAME **GOLOWINSKI, DAVID**
 STREET ADDRESS **2929 N BAY RD**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME **PD Mendelsohn, Shmuel**
 1.3 STREET ADDRESS **2965 North Bay Rd.**
 1.4 CITY-ST-ZIP **Miami Beach, FL 33140**

2.1 TITLE Change Addition
 2.2 NAME **SD Moskowitz, Karl**
 2.3 STREET ADDRESS **1353 14 Street**
 2.4 CITY-ST-ZIP **Brooklyn, NY 11219**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 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: *[Signature]* **Mendelsohn, Shmuel** Date **May 20 99** (305) 525-0094 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)