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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004779 (2)

1. Corporation Name

CHABAD LUBAVITCH OF HAWAII, INC.

Principal Place of Business

1881 UNIVERSITY DRIVE
#111
CORAL SPRINGS FL 33071

Mailing Address

1881 UNIVERSITY DRIVE
#111
CORAL SPRINGS FL 33071-6094



3. Date Incorporated or Qualified
09/17/1996

3a. Date of Last Report

4. FEI Number
99-0280545

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BRINKMAN, EDDIE
3162 NW 118TH LANE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PC ☐ DELETE
NAME KRASNJANSKY, ITCHEL RABBI
STREET ADDRESS 103 KIIONIONI PLACE
CITY-ST-ZIP HONOLULU HI 96816

TITLE VTVC ☐ DELETE
NAME KRASNJANSKY, PEARL
STREET ADDRESS 103 KIIONIONI PLACE
CITY-ST-ZIP HONOLULU HI 96816

TITLE S ☐ DELETE
NAME BERNSTEIN, TELSIA
STREET ADDRESS 1720 HUNA ST.
CITY-ST-ZIP HONOLULU HI 96813

TITLE D ☐ DELETE
NAME ELMALEH, JACQUES
STREET ADDRESS 2134 KALAKAUA AVENUE
CITY-ST-ZIP HONOLULU HI 96815

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4070 KEANU PLACE
1.4 CITY-ST-ZIP

2.1 TITLE VTVC ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4070 KEANU PLACE
2.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KRASNJANSKY, PRES 1/20/97 808-735-8161

CR2E037 (9/96)