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APR 17 1995

OFFICE OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # N04724 (3)**  
1. Corporation Name  
**CONGREGATION LEVI YITZCHOK-LUBAVITCH, INC.**

Principal Place of Business: **C/O ROBERT SALZ, 1295 EAST HALLANDALE BEACH BOULEVARD, HALLANDALE FL 33009**  
Mailing Address: **C/O ROBERT SALZ, 1295 EAST HALLANDALE BEACH BOULEVARD, HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/16/1984**      3a. Date of Last Report: **06/23/1994**

4. FEI Number: **59-2796353**      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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible taxes under § 199.030, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

3. Suite, Apt. #, etc.: **22**      3a. Suite, Apt. #, etc.: **27**

4. City & State: **23**      4a. City & State: **28**

5. Zip: **24**      5a. Country: **25**      5b. Zip: **29**      5c. Country: **30**

9. Name and Address of Current Registered Agent  
**SALZ, ROBERT  
1295 EAST HALLANDALE BEACH BOULEVARD  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_

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

83 \_\_\_\_\_

84 City: \_\_\_\_\_      85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607 0502 and 607 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 607 0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Type or printed name of registered agent and the date)      (Type or printed name of registered agent and the date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE: <b>VD</b>	<b>YOSSEM, VICTOR</b>	11 TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>YOSSEM, VICTOR</b>	<b>600-3 ISLANDS BLVD#1417</b>	12 NAME: _____	
STREET ADDRESS: <b>600-3 ISLANDS BLVD#1417</b>	<b>HALLANDALE FL</b>	13 STREET ADDRESS: _____	
CITY, ST, ZIP: <b>HALLANDALE FL</b>		14 CITY, ST, ZIP: _____	
TITLE: <b>S</b>	<b>SCHWARTZ, MOSHE</b>	21 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SCHWARTZ, MOSHE</b>	<b>1110 N.E. 2ND STREET</b>	22 NAME: _____	
STREET ADDRESS: <b>1110 N.E. 2ND STREET</b>	<b>HALLANDALE FL</b>	23 STREET ADDRESS: _____	
CITY, ST, ZIP: <b>HALLANDALE FL</b>		24 CITY, ST, ZIP: _____	
TITLE: <b>D</b>	<b>SALZ, ROBERT</b>	31 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SALZ, ROBERT</b>	<b>1008 JEFFERSON STREET</b>	32 NAME: _____	
STREET ADDRESS: <b>1008 JEFFERSON STREET</b>	<b>HOLLYWOOD FL</b>	33 STREET ADDRESS: _____	
CITY, ST, ZIP: <b>HOLLYWOOD FL</b>		34 CITY, ST, ZIP: _____	
TITLE: <b>TD</b>	<b>DALEZMAN, ABE</b>	41 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DALEZMAN, ABE</b>	<b>2101 ATLANTIC SHRS.#508</b>	42 NAME: _____	
STREET ADDRESS: <b>2101 ATLANTIC SHRS.#508</b>	<b>HALLANDALE FL</b>	43 STREET ADDRESS: _____	
CITY, ST, ZIP: <b>HALLANDALE FL</b>		44 CITY, ST, ZIP: _____	
TITLE: <b>D</b>	<b>FELLIG, ZALMAN</b>	51 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>FELLIG, ZALMAN</b>	<b>4501 N JEFFERSON AVE</b>	52 NAME: _____	
STREET ADDRESS: <b>4501 N JEFFERSON AVE</b>	<b>MIAMI BEACH FL</b>	53 STREET ADDRESS: _____	
CITY, ST, ZIP: <b>MIAMI BEACH FL</b>		54 CITY, ST, ZIP: _____	
TITLE: <b>D</b>	<b>BRYN, DAVID</b>	61 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BRYN, DAVID</b>	<b>731 170TH ST</b>	62 NAME: _____	
STREET ADDRESS: <b>731 170TH ST</b>	<b>N MIAMI BEACH FL</b>	63 STREET ADDRESS: _____	
CITY, ST, ZIP: <b>N MIAMI BEACH FL</b>		64 CITY, ST, ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

11 TITLE: \_\_\_\_\_  Change  Addition

12 NAME: **Tennenhaus Raphael**

13 STREET ADDRESS: **1295 E. Hallandale Blvd**

14 CITY, ST, ZIP: **Hallandale FL 33009**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(b), 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 an attachment with an address.

SIGNATURE: \_\_\_\_\_      **April 27, 95 (305) 581-1511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      Daytime Phone #