


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04724** (3)
1. Corporation Name
CONGREGATION LEVI YITZCHOK-LUBAVITCH, INC.



Principal Place of Business C/O ROBERT SALZ 1205 EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009	Mailing Address C/O ROBERT SALZ 1205 EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009
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3. Date Incorporated or Qualified 08/16/1984	
4. FEI Number 59-2796353	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**SALZ, ROBERT
1205 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	YOSSEM, VICTOR	
STREET ADDRESS	600-3 ISLANDS BLVD#1417	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, MOSHE	
STREET ADDRESS	1110 N.E. 2ND STREET	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TENNEUHAUS, RAPHAEL	
STREET ADDRESS	813 DIPLOMATE PARKWAY	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DALEZMAN, ABE	
STREET ADDRESS	2101 ATLANTIC SHRS.#508	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELIG, ZALMAN	
STREET ADDRESS	4501 N JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYN, DAVID	
STREET ADDRESS	731 170TH ST	
CITY-ST-ZIP	N MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TENNEUHAUS, Raphael
3.3 STREET ADDRESS	(Correct spelling of name)
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____ *April 21 98 4581877*

CR2E037 (10/97)