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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N04724

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/16/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2796353	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SALZ, ROBERT 1295 EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009				81 Name: RAPHAEL TENNENHAUS			
				82 Street Address (P.O. Box Number is Not Acceptable): 1295 E. Hallandale Beach Blvd			
				83			
				84 City: HALLANDALE FL 85 Zip Code: 33009			

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: RAPHAEL TENNENHAUS (P) DATE: 12-19
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOSSEM, VICTOR		1.2 NAME		
STREET ADDRESS	600-3 ISLANDS BLVD #1417		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, MOSHE		2.2 NAME		
STREET ADDRESS	1110 N.E. 2ND STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TENNENHAUS, RAPHAEL		3.2 NAME	President - Director	
STREET ADDRESS	813 DIPLOMATE PARKWAY		3.3 STREET ADDRESS	Tennenhaus, Raphael	
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP	813 Diplomat Parkway (Addition of Director Position) Hallandale FL 33009	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAEZMAN, ABE		4.2 NAME		
STREET ADDRESS	2101 ATLANTIC SHRS #508		4.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELLIG, ZALMAN		5.2 NAME		
STREET ADDRESS	4501 N JEFFERSON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYN, DAVID		6.2 NAME		
STREET ADDRESS	731 170TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		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: MOSHE SCHWARTZ (SEC) DATE: May 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)