

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB 27 PM 3:20

**DOCUMENT # N42067 (1)**

1. Corporation Name  
**CHABAD LUBAVITCH OF NORTH BROWARD AND PALM BEACH  
COUNTIES, INC.**

Principal Place of Business Mailing Address  
**1900 N. STATE RD  
MARGATE FL 33063  
US** **1500 N STATE RD 7  
MARGATE FL 33063  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/13/1991** 3a. Date of Last Report **04/12/1994**  
4. FEI Number **65-0200283** 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 tax under S. 199.032, Florida Statutes  Yes  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 Country 29 Country 30

9. Name and Address of Current Registered Agent  
**FILINGS INC.  
3732 N.W. 16TH ST.  
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent  
81 Name **JOSEPH BISTON**  
82 Street Address (P.O. Box Number is Not Acceptable) **1335 LENOX AVENUE**  
83  
84 City **MIAMI BEACH FL** 85 Zip Code **33139**

11. Pursuant to the provisions of Sections 607.0702 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 *[Signature]* DATE **2/20/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>BISTON, JOSEPH</b>
STREET ADDRESS	<b>1500 N STATE RD 7</b>
CITY - ST - ZIP	<b>MARGATE FL</b>
TITLE	<b>D</b>
NAME	<b>BRONSTEIN, JOSEPH</b>
STREET ADDRESS	<b>2183 N. BAY RD</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>BISTON, BAYLA</b>
STREET ADDRESS	<b>1335 LENOX AVE</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 (changed by an attachment with an address).

SIGNATURE: *[Signature]* DATE **2/20/95** **305-970-9551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR