**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 5/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

NONPROFIT CORPORATION ANNUAL REPORT
**1995**

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

**FILED**
95 AUG -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N92000000002 (7)**

1. Corporation Name
**BETH YOSSEF OF CHABAD, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 20615 NORTHEAST 19TH CT.<br>N. MIAMI BEACH FL 33179 | 20615 NORTHEAST 19TH CT.<br>N. MIAMI BEACH FL 33179 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1992
3a. Date of Last Report: 07/26/1994
4. FEI Number: NOT APPLICABLE ☐ 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 ☐ **FILING FEE IS $61.25**
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 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

MOR, ALAN
19341 NE 22ND AVE
N MIAMI BCH. FL 33180

10. Name and Address of New Registered Agent

01 Name: SHIMSHON AVRAHAMI
02 Street Address (P.O. Box Number is Not Acceptable): 20615 NORTHEAST 19TH COURT
03
04 City: NORTH MIAMI BEACH FL 05 Zip Code: 33179

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] 7-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☒ Change ☐ Addition |
| NAME | MOR, ALAN | 12 NAME | SIMON MORYOSSEF |
| STREET ADDRESS | 20615 NE 19 COURT | 13 STREET ADDRESS | 20615 N.E. 19th COURT |
| CITY-ST-ZIP | N. MIAMI BEACH FL | 14 CITY-ST-ZIP | NORTH MIAMI BEACH, FLORIDA 33179 |
| TITLE | DP | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ABRAHAMI, SHIMSHON | 22 NAME | |
| STREET ADDRESS | 20615 NE 19 CT. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI BEACH FL 33179 | 24 CITY-ST-ZIP | |
| TITLE | DV | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MIZRAHI, JOSEPH | 32 NAME | |
| STREET ADDRESS | 20615 NE 19 CT. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI BEACH FL 33179 | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E037 (3/95)

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)(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] V.P. 7/20/95 305 93383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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