


FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000456 (5)**

1. Corporation Name

CHABAD LUBAVITCH OF SOUTHWEST BROWARD, INC.

Principal Place of Business

Mailing Address

2611 N. HIATUS ROAD
SUITE 136
COOPER CITY FL 33026

2611 N. HIATUS ROAD
SUITE 136
COOPER CITY FL 33026-1303



3. Date Incorporated or Qualified 11/24/1992	3a. Date of Last Report 08/20/1996
4. FEI Number 65-0374355	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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 Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDRUSIER, PINNY RABBI
2611 N. HIATUS ROAD
SUITE 136
COOPER CITY FL 33026

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRUSIER, PINNY	1.2 NAME	
STREET ADDRESS	3701 STARBOARD AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRUSIER, GITY MRS	2.2 NAME	
STREET ADDRESS	3701 STARBOARD AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSYC, MOSHE M RABBI	3.2 NAME	
STREET ADDRESS	3701 STARBOARD AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, MICHAEL MR	4.2 NAME	
STREET ADDRESS	5760 SW 87TH WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL 33328	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMATOV, DAVID MR	5.2 NAME	
STREET ADDRESS	11516 SW 54TH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL 33330	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, GEORGE H	6.2 NAME	
STREET ADDRESS	5981 FUUSTON ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	6.4 CITY - ST - ZIP	

14. I do 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: *Gitty Andrusier* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024004

CR2E037 (9/96)