


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90048 041 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005015**

1. Corporation Name  
**CHABAD HOUSE OF NORTH DADE, INC.**

Principal Place of Business 21001 BISCAYNE BLVD. NORTH MIAMI BEACH FL 33180	Mailing Address 21001 BISCAYNE BLVD. NORTH MIAMI BEACH FL 33180
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/02/1993	4. FEI Number 65-0455721	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

**SINGER, STANLEY**  
**21001 BISCAYNE BLVD.**  
**NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SINGER, STANLEY	
STREET ADDRESS	21001 BISCAYNE BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORIN, MENDI	
STREET ADDRESS	21001 BISCAYNE BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADOUTH, RAPHAEL	
STREET ADDRESS	21001 BISCAYNE BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BONNERDEL, KENNY	
STREET ADDRESS	21001 BISCAYNE BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> DELETE
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 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: Stanley Singer Date: 4/16/99 Daytime Phone #: 305-983-0770

CR2E037 (1/1/98)