

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000001402 (6)

1. Corporation Name
CHABAD CENTER OF SUNNY ISLES, INC.



Principal Place of Business: **17100 COLLINS AVE. SUITE 212 SUNNY ISLE FL 33160**
 Mailing Address: **17100 COLLINS AVE. SUITE 212 SUNNY ISLE FL 33160**

3. Date Incorporated or Qualified: **03/22/1994**
 3a. Date of Last Report: **06/26/1995**
 4. FEI Number: **65-0476811**
 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
 Suite, Apt #, etc.: 22
 City & State: 23
 Zip: 24
 Country: 25
 2a. Mailing Address: 26
 Suite, Apt #, etc.: 27
 City & State: 28
 Zip: 29
 Country: 30

9. Name and Address of Current Registered Agent
SUFRIN, RACHEL
17100 COLLINS AVE.
SUITE 212
SUNNY ISLE FL 33160

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 _____ (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	PD SUFRIN, RACHEL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUFRIN, RACHEL	1.2 NAME	
STREET ADDRESS	17100 COLLINS AVE., SUITE 212	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLE FL 33160	1.4 CITY-ST-ZIP	
TITLE	SD SUFRIN, YISROEL B	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUFRIN, YISROEL B	2.2 NAME	
STREET ADDRESS	17100 COLLINS AVE., SUITE 212	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLE FL 33160	2.4 CITY-ST-ZIP	
TITLE	TD ELHARAR, JULLIE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELHARAR, JULLIE	3.2 NAME	
STREET ADDRESS	17100 COLLINS AVE., SUITE 212	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLE FL 33160	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: RACHEL SUFRIN (Signature and typed or printed name of signing officer or director)
 Date: 8/5/96
 Daytime Phone #: (305) 947-9886
 0007975

CRE037 (3/96)