

FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002712

1. Corporation Name
KABBALAH LEARNING CENTRE, INC.

Principal Place of Business
7088 BERACASA WAY
BOCA RATON FL 33433

Mailing Address
7088 BERACASA WAY
BOCA RATON FL 33433



21	2. Principal Place of Business 8411 W. PALMETTO PARK ROAD Suite, Apt. #, etc.	26	Mailing Address 8411 W. PALMETTO Suite, Apt. #, etc.	3.	Date Incorporated or Qualified 06/12/1995
22	23	27	28	4.	FEI Number 65-0638140
23	City & State BOCA RATON FL	27	City & State BOCA RATON FL	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33433	29	Zip 33433	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country USA	30	Country USA		

9. Name and Address of Current Registered Agent YOUDEKIVICH, OSNAT 7088 BERACASA WAY BOCA RATON FL 33433				10. Name and Address of New Registered Agent	
81	Name	OSNAT YUDEKIVICH			
82	Street Address (P.O. Box Number is Not Acceptable)	8411 W. PALMETTO PARK ROAD			
83					
84	City	BOCA RATON	85	Zip Code	33433
		FL			

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		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	BERG, KAREN	1.2 NAME	
STREET ADDRESS	7088 BERACASA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARFATI, SHIMON	2.2 NAME	
STREET ADDRESS	7088 BERACASA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUDEKIVICH, OSNAT	3.2 NAME	
STREET ADDRESS	7088 BERACASA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: [Signature] REQUIRED
Date: 4/16/99 Daytime Phone #: (561) 488-8826

CR2E037 (11/98)