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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90124 041 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # N95000005568**

1. Corporation Name  
**CHABAD CENTER OF KENDALL, INC.**

Principal Place of Business: 10905 S.W. 107 AVENUE MIAMI FL 33176  
 Mailing Address: 10905 S.W. 107 AVENUE MIAMI FL 33176



|                                |                     |                     |                     |   |                               |
|--------------------------------|---------------------|---------------------|---------------------|---|-------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>11/27/1995   |                               |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0667380   | Applied For<br>Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |                               |
| 23                             | Zip                 | 28                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                               |

|  |  |  |  |  |  |    |          |
|--|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent              |  |  |  | 10. Name and Address of New Registered Agent |  |    |          |
| DEARR, CRAIG R<br>6950 NORTH KENDALL DRIVE<br>MIAMI FL 33156 |  |  |  | 81   | Name   |    |          |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable)<br>9130 S. DORLAND BLVD #1609 |    |          |
|  |  |  |  | 83   | City   |    |          |
|  |  |  |  | 84   | 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 |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       | HARLIG, YOSSI Y                   | 1.2 NAME  | NICHOL GREENBAUM  |
| STREET ADDRESS             | 10511 S.W. 109 COURT              | 1.3 STREET ADDRESS                                    | 10511 SW 109 CT   |
| CITY-ST-ZIP                | MIAMI FL 33176                    | 1.4 CITY-ST-ZIP                                       | MIAMI FL 33176  |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | BERNARD NUGSBAUM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | HARLIG, NACHAMA                   | 2.2 NAME  |   |
| STREET ADDRESS             | 10511 S.W. 109 AVENUE             | 2.3 STREET ADDRESS                                    | 10511 SW 109 CT   |
| CITY-ST-ZIP                | MIAMI FL 33176                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | ISAAC SAUER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       | DALFIN, CHAYA                     | 3.2 NAME  |   |
| STREET ADDRESS             | 10511 S.W. 109 AVENUE             | 3.3 STREET ADDRESS                                    | 10511 SW 109 CT   |
| CITY-ST-ZIP                | MIAMI FL 33176                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 4.1 TITLE   |   |
| NAME                       | AUSLANDER, DAVID                  | 4.2 NAME  |   |
| STREET ADDRESS             | 10511 SW 109 CT                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33176                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 5.1 TITLE   |   |
| NAME                       | DEARR, CRAIG                      | 5.2 NAME  |   |
| STREET ADDRESS             | 10511 SW 109 CT                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33176                    | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S <input type="checkbox"/> DELETE | 6.1 TITLE   |   |
| NAME                       | LEBOWITZ, ALAN                    | 6.2 NAME  |   |
| STREET ADDRESS             | 10511 SW 109 CT                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33176                    | 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 4/23/99 305270 7400  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)