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May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000021 (3)

1. Corporation Name
CHABAD OF KEY WEST, INC.



Principal Place of Business: 418 EATON STREET, KEY WEST FL 33040
Mailing Address: 418 EATON STREET, KEY WEST FL 33040-8512

3. Date Incorporated or Qualified: 01/02/1996
3a. Date of Last Report

| | | | | | | | | | | | |
|---|-------------------------|------------------|---------|-------------|--------------------------------|-------------------------|------------------|---------|-------------|---------------------------|-----------------------------|
| 21. Principal Place of Business | 22. Suite, Apt. #, etc. | 23. City & State | 24. Zip | 25. Country | 26. Mailing Address | 27. Suite, Apt. #, etc. | 28. City & State | 29. Zip | 30. Country | 4. FEI Number: 65-0635011 | Applied For: Not Applicable |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |

9. Name and Address of Current Registered Agent

SINGER, JACOB
418 EATON STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: Jacob Zucker
82 Street Address (P.O. Box Number is Not Acceptable): 418 Eaton Street
83 City: Key West
84 City: Key West FL 85 Zip Code: 33040

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: *Jacob Zucker*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/15/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|--------------------------------|---|-------------------------------------|
| TITLE: PD | NAME: BISTON, JOSEPH | 1.1 TITLE: Vice President - Director | 1.2 NAME: Joseph Biston |
| STREET ADDRESS: % 418 EATON ST. | CITY-ST-ZIP: KEY WEST FL 33040 | 1.3 STREET ADDRESS: 418 Eaton | 1.4 CITY-ST-ZIP: Key West, FL 33040 |
| TITLE: VD | NAME: SINGER, JACOB | 2.1 TITLE: President - Director | 2.2 NAME: Jacob Zucker |
| STREET ADDRESS: % 418 EATON ST. | CITY-ST-ZIP: KEY WEST FL 33040 | 2.3 STREET ADDRESS: 418 Eaton Street | 2.4 CITY-ST-ZIP: Key West, FL 33040 |
| TITLE: SD | NAME: SINGER, CHANIE | 3.1 TITLE: Secretary - Director | 3.2 NAME: Chanie Zucker |
| STREET ADDRESS: % 418 EATON ST. | CITY-ST-ZIP: KEY WEST FL 33040 | 3.3 STREET ADDRESS: 418 Eaton Street | 3.4 CITY-ST-ZIP: Key West, FL 33040 |
| TITLE: TD | NAME: AMAR, HAIM R | 4.1 TITLE: [Blank] | 4.2 NAME: [Blank] |
| STREET ADDRESS: % 418 EATON ST. | CITY-ST-ZIP: KEY WEST FL 33040 | 4.3 STREET ADDRESS: [Blank] | 4.4 CITY-ST-ZIP: [Blank] |
| TITLE: [Blank] | NAME: [Blank] | 5.1 TITLE: [Blank] | 5.2 NAME: [Blank] |
| STREET ADDRESS: [Blank] | CITY-ST-ZIP: [Blank] | 5.3 STREET ADDRESS: [Blank] | 5.4 CITY-ST-ZIP: [Blank] |
| TITLE: [Blank] | NAME: [Blank] | 6.1 TITLE: [Blank] | 6.2 NAME: [Blank] |
| STREET ADDRESS: [Blank] | CITY-ST-ZIP: [Blank] | 6.3 STREET ADDRESS: [Blank] | 6.4 CITY-ST-ZIP: [Blank] |

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: *Jacob Zucker* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/15/97 3052950013

CR2E037 (9/96)