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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738794 (7)

1. Corporation Name

MUSLIM COMMUNITIES ASSOCIATION OF SOUTH FLORIDA,
INC

Principal Place of Business

4305 NORTHWEST 183RD STREET
MIAMI FL 33055
US

Mailing Address

4305 NORTHWEST 183RD STREET
MIAMI FL 33055-3042
US3. Date Incorporated or Qualified
04/28/19773a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KHAN, MALIK SARDAR
4281 S.W. 15TH ST.
MIAMI FL 33134

81 Name

MOHAMMAD S. ANWAR

82 Street Address (P.O. Box Number is Not Acceptable)

4305 N.W. 183 ST

83

84 City

MIAMI FL 33055

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETENAME AHMED, NASIR
STREET ADDRESS 2880 SW 75TH WAY 2205
CITY-ST-ZIP DAVIE FLTITLE V ☒ DELETENAME ALLI, MUBARAK
STREET ADDRESS 3341 NW 204 TER
CITY-ST-ZIP MIAMI FLTITLE S ☒ DELETENAME MOHAMMAD, RASHID
STREET ADDRESS 15701 N.W. 2 AVE, APT. 224
CITY-ST-ZIP MIAMI FL 33169TITLE T ☒ DELETENAME ANWAR, DR. MAHMOOD
STREET ADDRESS 1759 KEENLAND CIR.
CITY-ST-ZIP WEST PALM BEACH FLTITLE T ☒ DELETENAME MINHAJ, GHOSUDDIN A
STREET ADDRESS 14155 W. DIXIE HWY, APT. 44
CITY-ST-ZIP N MIAMI FLTITLE T ☒ DELETENAME KHATIB, HOUSEN
STREET ADDRESS 515 S. BISCAYNE RIVER DR
CITY-ST-ZIP N. MIAMI BEACH FL1.1 TITLE P ☒ Change ☐ Addition1.2 NAME MOHAMMAD A. BAIG
1.3 STREET ADDRESS 4305 N.W. 183 ST.
1.4 CITY-ST-ZIP MIAMI FLA. 330552.1 TITLE V ☒ Change ☐ Addition2.2 NAME MOHAMMAD S. ANWAR
2.3 STREET ADDRESS 4305 N.W. 183 STREET
2.4 CITY-ST-ZIP MIAMI FLA 330553.1 TITLE S ☒ Change ☐ Addition3.2 NAME FARAH HAQ
3.3 STREET ADDRESS 4305 N.W. 183 STREET
3.4 CITY-ST-ZIP MIAMI FLA 330554.1 TITLE T ☒ Change ☐ Addition4.2 NAME MOHAMMAD NAEEM DUGAN
4.3 STREET ADDRESS 4305 N.W. 183 STREET
4.4 CITY-ST-ZIP MIAMI FLA 330555.1 TITLE T ☒ Change ☐ Addition5.2 NAME MIAM M. A. SUHANI
5.3 STREET ADDRESS 4305 N.W. 183 STREET
5.4 CITY-ST-ZIP MIAMI FLA 330556.1 TITLE T ☒ Change ☐ Addition6.2 NAME KHALID MIRZA
6.3 STREET ADDRESS 4305 N.W. 183 STREET
6.4 CITY-ST-ZIP MIAMI FLA 33055

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/97

305 624 5555

Daytime Phone # 0025076

CR2E037 (9/96)