


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90085 055 *****8.75

04-01-1999 90085 056 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 738794

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
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1977	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 31-1290682	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		30 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

**MIRZA, KHALID M
4305 N.W. 183RD STREET
MIAMI FL 33055**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	DSS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIED, MUSTAFA S	1.2 NAME	
STREET ADDRESS	12901 S.W. 187 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	1.4 CITY-ST-ZIP	
TITLE	DPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRZA, ARSALAN	2.2 NAME	
STREET ADDRESS	6280 N.W. 186 ST #114	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARRIO, MOHAMMAD A	3.2 NAME	
STREET ADDRESS	3321 MALLARD CLOSE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRZA, MAHBOOB B	4.2 NAME	
STREET ADDRESS	6781 BROOKLINE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	4.4 CITY-ST-ZIP	
TITLE	TVPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBHANI, MIAM M	5.2 NAME	
STREET ADDRESS	4305 N.W. 183RD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	TDP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRZA, KHALID	6.2 NAME	
STREET ADDRESS	4305 N.W. 183RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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:

Khalid Mirza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(MAHBOOB B MIRZA) TREASURER 2/14/99 (305) 824-5555

Date

Daytime Phone #

CR2E037-11/991