

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **754515** (5)
1. Corporation Name

ARAB-AMERICAN CULTURAL CENTER, INC.

Principal Place of Business

Mailing Address

**3326 PONCE DE LEON BLVD
CORAL GABLES FL 33134-7110
US**

**601 NE 171 ST.
MIAMI FL 33162
US**

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOUNEM R. KATTOURA
601 N.E. 171 ST
MIAMI FL 33162**

81 Name

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

83

84 City

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

Mounem R. Kattoura
Signature (typed or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/10/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | KATTOURA, MOUNEM R | |
| STREET ADDRESS | 601 NE 171ST ST | |
| CITY-ST-ZIP | N MIAMI BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FARIO JAHJAH | |
| STREET ADDRESS | 145 N.E. 110 ST. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | SHALHUB, DON S D | |
| STREET ADDRESS | 6380 SW 44TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | COREY, FLORENCE | |
| STREET ADDRESS | 6000 S W 30 ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MARIE PETTY | |
| STREET ADDRESS | 2875 S.W. 17 AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ELIAS GHAWI | |
| STREET ADDRESS | 6130 S.W. 93 AVE. | |
| CITY-ST-ZIP | MIAMI FL | |

| | |
|-------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | Farid Jahjah please correct spelling |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | Don Shalhub D |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | Florence Corey Secretary |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | marie petty VP |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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.

SIGNATURE:

Mounem R. Kattoura

2/8/98

305 655-2000

CR2E037 (10/97)