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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34183 (6)
1. Corporation Name
SCHOOL OF ISLAMIC STUDIES OF BROWARD, INC.



Principal Place of Business 4505 NW 103RD. AVE. SUNRISE FL 33351 US	Mailing Address 6421 NW 42ND. COURT CORAL SPRINGS FL 33067-3011 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/12/1989	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 35-0522362	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NELOFUR, PIRZADA
4000 HOLLYWOOD BLVD
STE 530N
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	QURESHI, SAMINA	
STREET ADDRESS	11200 NW 20TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/>
NAME	JAVED, MOHAMMED	
STREET ADDRESS	8961 NW 8TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/>
NAME	RASHDAN, MOHSEN	
STREET ADDRESS	4442 WOODFIELD BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/>
NAME	QURESHI, ZAHID	
STREET ADDRESS	11200 NW 20TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TPI	<input type="checkbox"/>
NAME	PIRZADA, NELOFUR	
STREET ADDRESS	6421 NW 42ND COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/>
NAME	<i>Continued on page 2.</i>	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	7735 N.W. 47th Drive	
1.4 CITY-ST-ZIP	Coral Springs, FL 33067	
2.1 TITLE	D/T Javed	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Javed, Mohammed	
2.3 STREET ADDRESS	8961 NW 8th Street	
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33024	
3.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	7735 N.W. 47th Drive	
4.4 CITY-ST-ZIP	Coral Springs, FL 33067	
5.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Albassan, Haythem	
5.3 STREET ADDRESS	9161 N.W. 24th Ct.	
5.4 CITY-ST-ZIP	Sunrise, FL 33322	
6.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Behairy, Mohammed	
6.3 STREET ADDRESS	512 Jacaranda Way	
6.4 CITY-ST-ZIP	Plantation, FL 33324	

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 *Noted by [unclear] (The Treasurer) 4/29/97 (954) 985-2400*

CR2E037 (9/96)

School of Islamic Studies of Broward, Inc.
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 Page 2

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Mahgoub, Imad
STREET ADDRESS		1.3 STREET ADDRESS	6848 Palmetto Circles
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Pirzada, Azhar
STREET ADDRESS		2.3 STREET ADDRESS	6421 N.W. 42nd Ct
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Khan, Azim
STREET ADDRESS		3.3 STREET ADDRESS	18580 Longlake Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Shaeed, Mohammed
STREET ADDRESS		4.3 STREET ADDRESS	4505 NW 103 RD AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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SIGNATURE: Nelo Pirzada (Treasurer) 4/29/97 (954) 985-2400
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #