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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:34

DOCUMENT # N34221 (4)

1. Corporation Name

INSTITUTE FOR ISLAMIC EDUCATION AND RESEARCH, IN C.

Principal Place of Business	Mailing Address
C/O DR. MOIEZ A. TAPIA 5904 S.W. 64 PLACE MIAMI FL 33143	C/O DR. MOIEZ A. TAPIA 5904 S.W. 64 PLACE MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1989
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0268904 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TAPIA, MOIEZ A.
5904 S.W. 64 PLACE
MIAMI FL 33143

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	TAPIA, MOIEZ A.	12 NAME		
STREET ADDRESS	5904 SW 64TH PL	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	ZAFAR, SYED F.	22 NAME		
STREET ADDRESS	6602 SW 61ST TERR.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	SAIFULLAH, SHAKIR	32 NAME		
STREET ADDRESS	9901 SW 11TH ST	33 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	KHAN, AFSAR SALIM	42 NAME		
STREET ADDRESS	#204, 6893 FOUNTAINBLEAU	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	VCD	51 TITLE		☐ Change ☐ Addition
NAME	HAQ, SALEEM A.	52 NAME		
STREET ADDRESS	8130 NW 48TH DR	53 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	54 CITY-ST-ZIP		
TITLE	VCD Uddin, Tasneem	61 TITLE	Uddin, Tasneem,	☒ Change ☐ Addition
NAME	~~CONTRACTOR, AL~~ 7630 SW 73rd Place	62 NAME	7630 SW 73rd Place,	
STREET ADDRESS	~~15648 SW 07 TERR~~	63 STREET ADDRESS	Miami, FL 33143	
CITY-ST-ZIP	~~MIAMI FL~~	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: M Tapia 3/11/95 (305) 284-5565
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #