

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34221 (4)

1. Corporation Name

INSTITUTE FOR ISLAMIC EDUCATION AND RESEARCH, INC.

Principal Place of Business

C/O DR. MOIEZ A. TAPIA
5904 S.W. 64 PLACE
MIAMI FL 33143

Mailing Address

C/O DR. MOIEZ A. TAPIA
5904 S.W. 64 PLACE
MIAMI FL 33143



3. Date Incorporated or Qualified
09/13/1989

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 CD
NAME TAPIA, MOIEZ A.
STREET ADDRESS 5904 SW 64TH PL
CITY-ST-ZIP MIAMI FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME ZAFAR, SYED F.
STREET ADDRESS 6602 SW 61ST TERR.
CITY-ST-ZIP MIAMI FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE SD
NAME SAIFULLAH, SHAKIR
STREET ADDRESS 9901 SW 11TH ST
CITY-ST-ZIP PEMBROKE PINES FL

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE SD
NAME KHAN, AFSAR SALIM
STREET ADDRESS #204, 8893 FOUNTAINBLEAU
CITY-ST-ZIP MIAMI FL

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE VCD
NAME HAQ, SALEEM A.
STREET ADDRESS 8130 NW 48TH DR
CITY-ST-ZIP CORAL SPRINGS FL

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE VCD
NAME UDDIN, TASNEEM
STREET ADDRESS 7630 SW 73RD PLACE
CITY-ST-ZIP MIAMI FL

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

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.A. TAPIA, Chairman 3/31/96 (305) 284-5565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)