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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34221**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/13/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0268904 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAPIA, MOIEZ A.		1.2 NAME		
STREET ADDRESS	5904 SW 64TH PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZAFAR, SYED F.		2.2 NAME		
STREET ADDRESS	6602 SW 61ST TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VCD	☑ DELETE	3.1 TITLE	VCD	☐ Change ☑ Addition
NAME	~~SUBHANI, MAHBOOB~~		3.2 NAME	Nasim A. Rahman, Esq.	
STREET ADDRESS	~~5340 SAXON CIRCLE S~~		3.3 STREET ADDRESS	1420 Bayshore Drive, #1604	
CITY-ST-ZIP	~~DAVIE FL~~		3.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FASIHI, SADARUR HASAN		4. 2 NAME		
STREET ADDRESS	5931 SW 46TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NAQUI, NASIMUDDIN		5.2 NAME		
STREET ADDRESS	3950 SW 121ST AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOTORWALA, SHABBIK H.		6.2 NAME		
STREET ADDRESS	5800 SW 135TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: [signature] MOIEZ A. TAPIA Chairman 02/27/99 (305) 284-55[illegible]-65
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #