

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

3619 LEJEUNE RD SW
CORAL GABLES FL 33134-7110
US3619 LEJEUNE RD SW
CORAL GABLES FL 33134-7110
US3. Date Incorporated or Qualified
10/03/19803a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 3326 Ponce de Leon Blvd
22 Coral Gables FL26 601 N.E 171 St
27 Suite, Apt. #, etc.

4. FEI Number

59-2088198

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

FEANNY, YOLANDA WARWAR
3619 LE JEUNE RD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name MOUNEM R KATTOURA
82 Street Address (P.O. Box Number is Not Acceptable)
Telephone 305 655-2000
83 601 N.E 171 St (305) 442-1518
84 City MIAMI FL 85 Zip Code 33162

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

1-24-97

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PTD	KATTOURA, MOUNEM R	601 NE 171ST ST	N MIAMI BEACH FL	<input type="checkbox"/>
TU	FEANNY, YOLANDA WARWAR	3619 LEJEUNE RD SW	CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE
PD	SHALHUB, DON S	6380 SW 44TH ST	MIAMI FL	<input type="checkbox"/> DELETE
SD	COREY, FLORENCE	6000 S W 30 ST	MIAMI FL 33155	<input type="checkbox"/> DELETE
VPD	MARIE POTTY	2675 S.W 17 Ave	MIAMI FL 33133	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
FARID JAHJAH D.	145 N.E 110 St	MIAMI FL 33161		ADDITION
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DON S SHALHUB	6380 SW 44th	MIAMI FL 33155		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CORAY, FLORENCE	6000 S.W 30th	MIAMI FL 33155		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MARIE POTTY	2675 S.W 17 Ave	MIAMI FL 33133		
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ELIAS GHAM	6130 S.W 93 Ave	MIAMI FL 33173		

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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026942

CR2E037 (9/96)