FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #

(9)

KAZAH TEMPLE #149 OF MIAMI, FLORIDA - A. E. A. O. N. M. S. OF N. AND S. AMERICA AND ITS JURIDIC

Principal Place of Business Mailing Address					F IONNI INNO ILITE ILIUI FROND ALITE	/481 BIBIT BIBIT BIBIT BIBIT BIBIT B	HALL BIRTH SAME
P.O. BOX 2515 OPA LOCKA FL 33055		P.O. BOX 2515 OPA LOCKA FL 33055					
					3. Date Incorporated or Qualified 05/12/1975	3a. Date of Last Re 04/10/19	eport 96
Principal Place of Business 1		2a. Mailing Address 26		4. FEI Number 59-6544122			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip Country		8. This corporation has liability for Intangible tax under s. 199.032,			
24	25 9, Name and Address of Curre	29	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9, Name and Address of Carre	ii negistered Agent	81	Name	10, Name and Address of New Reg	jistered Agent	
WA 7411	~ TEMPLE #440						
KAZAH TEMPLE #149 P.O. BOX 2515			82	Street	Address (P.O. Box Number is Not Acceptable)		
CAROL CITY BRANCH			83	63			
	CKA FL 33055						
0,,,20			84	City		FL 85 Zip C	ode
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State on familiar with, and accept the oblig	02 and 617.1508, Florida Statu of Florida, Such change was ations of Section 617.0503, F	tes, the above authorized but horida Statute	e-named y the corp	corporation submits this statement for the proporation's board of directors. I hereby acception	urpose of changing its t the appointment as	s registered registered
SIGNATURE			or and cristicity	•			
	Signature, typed or printed name of registered ag-			ent signature	required when reinstating)	DATÉ	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	PD DIVOLUENDY	DELETE	1.1 TITLE			☐ Change	Addition
STREET ADDRESS	PUYOL, HENRY 175 NW 20 ST		1.2 NAME	. 4000000	,		
CITY-ST-ZIP	MIAMI FL			T ADDRESS			
TITLE	ND ND	DELETE	1.4 CITY-1 2.1 TITLE	>1-217		Change	Addition
NAME	HORRANCE, ROBERTS		2.2 NAME			Land Change	CT FOOTION
STREET ADDRESS	17110 NW 35 AVE			T ADDRESS			
CITY-ST-ZIP	CAROL CITY FL		2.4 CITY-	1 11			
TITLE	√ 9	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	RUSSELL, WALTER P		3.2 NAME				
STREET ADDRESS	3421 JAVA PLUM AVE		3.3 STREET	T ADDRESS	·		
CITY - ST - ZIP	MIRAMAR FL		3.4. DITY-	ST-ZIP			
TITLE	S WARTHEY THEADY	☐ DELETE	4.1 TITLE			Change	Addition
NAME OXOTEX ADDRESS	WORTHEY, THEODIS		4. 2 NAME		17700 N W 144 Ct MLAMI, FLA 33		
STREET ADDRESS	- 3931 N.W. 1947H 97 - Carol-City-Fl			ADDRESS	17100 000		
TITLE	T	☐ DELETE	4.4 C/TY-5 5.1 TITLE	51 - ZIP	MIAMI, FLAT 831	Change	Addition
NAME	GRANT, JAY B	the second	5.2 NAME			- Origings	III AUGURI
STREET ADDRESS	18474 SW 87 CT		5.3 STREET	ADDRESS	<i>!</i>		
CITY-ST-ZIP	MIAMI FL		5.4 CITY - 8				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME			-	
STREET ADDRESS			6.3 STREET	ADDRESS	ŧ.	-	

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.

6.4 CITY - ST - ZIP

FILED

Feb 18 1997 8:00am

Secretary of State

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