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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732767

1. Corporation Name
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 P.O. BOX 2515 OPA LOCKA FL 33055	Mailing Address P.O. BOX 2515 OPA LOCKA FL 33055
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/12/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6544122
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	Trust Fund Contribution
	Zip 30	

9. Name and Address of Current Registered Agent

ELLIS, JOSEPH
 2290 NW 107TH ST
 CAROL CITY BRANCH
 MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERTS, HORACE	
STREET ADDRESS	17110 NW 35TH AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUSSELL, WALTER P	
STREET ADDRESS	3421 JAVAPLUM AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, FREDERICK	
STREET ADDRESS	27841 SW 132 CT	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WORTHY, THEODIS	
STREET ADDRESS	17700 NW 144 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRANT, JAY B	
STREET ADDRESS	18474 SW 87 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	MCARTHUR GORDON
3.4 CITY-ST-ZIP	PO BOX 490954
	FT LAUDERDALE, FL 33349
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Theodis Worthy 1-13-99 305-624-8639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)