FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 AM 11:01

DOCUMENT # 737272 (5)

1. Corporation Name

PAK - AMERICAN ISLAMIC CULTURAL CORPORATION, INC

Principal Place of Business	Mailing Address
995 HWY. 77 SOUTH P.O. BOX 606 CHIPLEY FL 32428	995 HWY. 77 SOUTH P.O. BOX 606 CHIPLEY FL 32428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1711376 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAFAR, MUHAMMAD I.
995 HWY. 77 SOUTH
CHIPLEY FL 32428

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	ILYAS, SHEIKH	1.2 NAME		
STREET ADDRESS	1309 GRACE AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	Aness Mohammd	☒ Change ☐ Addition
NAME	MIR, M	2.2 NAME	chipLEY. FL 32428	
STREET ADDRESS	498 N WILSON ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	ZAFAR, MUHAMMAD I	3.2 NAME		
STREET ADDRESS	995 HWY 77 S	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	ISMAIL, TARIO	4.2 NAME		
STREET ADDRESS	995 HWY. 77	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	WAHEED.	☒ Change ☐ Addition
NAME	MUHAMMAD, YUNUS	5.2 NAME	chipLEY. FL-32428	
STREET ADDRESS	P.O. BOX 6, NA	5.3 STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MUHAMMAD, AMIN	6.2 NAME		
STREET ADDRESS	420 E. BIRD AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL	6.4 CITY-ST-ZIP		

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: ____________________ 5-20-95 904-6387623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #