

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **737272** (5)
1. Corporation Name
PAK - AMERICAN ISLAMIC CULTURAL CORPORATION, INC



| | |
|---|--|
| Principal Place of Business 995 HWY. 77 SOUTH P.O. BOX 606 CHIPLEY FL 32428 | Mailing Address 995 HWY. 77 SOUTH P.O. BOX 606 CHIPLEY FL 32428-0606 |
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|--|--|
| 3. Date Incorporated or Qualified 11/12/1976 | 3a. Date of Last Report 04/26/1996 |
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|--|--|
| 2. Principal Place of Business 21 1243 Main ST Suite 2 Suite, Apt. #, etc. 22 PO Box 608 City & State 23 Chipley Zip 24 32428 | 2a. Mailing Address 25 1243 Main ST Suite 2 Suite, Apt. #, etc. 26 PO Box 608 City & State 27 Chipley FL Zip 28 32428 Country 29 USA |
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|--|---------------------------------------|
| 4. FEI Number 59-1711376 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| | |
|---|-----------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1243 Main ST Suite 2 |
| 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 **MUHAMMAD I. ZAFAR** **3-26-97**
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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | A.B. MIR | 2.2 NAME | |
| STREET ADDRESS | 498 N WILSON ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIPLEY FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAFAR, MUHAMMAD I | 3.2 NAME | |
| STREET ADDRESS | 995 HWY 77 S | 3.3 STREET ADDRESS | 1243 Main ST Suite 2 |
| CITY-ST-ZIP | CHIPLEY FL | 3.4 CITY-ST-ZIP | Chipley FL |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUHAMMAD M. SIDDIGNI | 4.2 NAME | |
| STREET ADDRESS | 12765 ROSELAND RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBASTIAN FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T.HUSSAIN | 5.2 NAME | |
| STREET ADDRESS | P.O. BOX 6, NA | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROSELAND FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** **3-26-97** **9046387623**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0000972

CR2E037 (9/96)