

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90017 040 \*\*\*\*61.25

**DOCUMENT # 754515**

1. Entity Name

ARAB-AMERICAN CULTURAL CENTER, INC.



Principal Place of Business

3326 PONCE DE LEON BLVD  
CORAL GABLES FL 33134-7110  
US

Mailing Address

3619 SW 42 AVE  
601 NE 171 ST  
MIAMI FL 33162  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MOUNEM R. KATTOURA  
601 N.E. 171 ST  
MIAMI FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME KATTOURA, MOUNEM R  
STREET ADDRESS 601 NE 171ST ST  
CITY-ST-ZIP N MIAMI BCH FL 33162 ☐ Delete

TITLE D  
NAME WARWAR, YOLA  
STREET ADDRESS 3619 SW 42 AVE  
CITY-ST-ZIP MIAMI FL 33134-7110 ☐ Delete

TITLE D  
NAME SHALHUB, DON  
STREET ADDRESS 6380 SW 44TH ST  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE SD  
NAME COREY, FLORENCE  
STREET ADDRESS 6000 S W 30 ST  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D  
NAME PETTY, MARIE  
STREET ADDRESS 6006 SW 30 ST  
CITY-ST-ZIP MIAMI FL 33155 ☒ Delete

TITLE VP  
NAME GHAWI, ELIAS  
STREET ADDRESS 6130 S.W. 93 AVE.  
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

94057811



MOORE

CR2E037 (11/03)

4. FEI Number

59-2088198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required