

FILE NOW: FILING FEE IS \$61.25

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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N34183 (6)
1. Corporation Name
SCHOOL OF ISLAMIC STUDIES OF BROWARD, INC.



Principal Place of Business: 4505 NW 103RD. AVE. SUNRISE FL 33351 US
Mailing Address: 6421 NW 42ND. COURT CORAL SPRINGS FL 33067-3011 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1989		3a. Date of Last Report 05/01/1996	
21	22		26	4. FEI Number 35-0522362		Applied For Not Applicable	
23		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
NELOFUR, PIRZADA
4000 HOLLYWOOD BLVD
STE 530N
HOLLYWOOD FL 33021

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 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 _____ (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	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QURESHI, SAMINA	1.2 NAME	
STREET ADDRESS	11200 NW 20TH DRIVE	1.3 STREET ADDRESS	7735 N.W. 47 th Drive
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/T Javed <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVED, MOHAMMED	2.2 NAME	Javed, Mohammed
STREET ADDRESS	8961 NW 8TH STREET	2.3 STREET ADDRESS	8961 NW 8 th Street
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASHDAN, MOHSEN	3.2 NAME	
STREET ADDRESS	4442 WOODFIELD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QURESHI, ZAHID	4.2 NAME	
STREET ADDRESS	11200 NW 20TH DRIVE	4.3 STREET ADDRESS	7735N.W. 47 th Drive
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	TPI <input type="checkbox"/> DELETE	5.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIRZADA, NELOFUR	5.2 NAME	Albassan, Haythem
STREET ADDRESS	6421 NW 42ND COURT	5.3 STREET ADDRESS	9161 N.W. 24th Ct.
CITY-ST-ZIP	CORAL SPRINGS FL 33067	5.4 CITY-ST-ZIP	Sunrise, FL 33322
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Continued on page 2.	6.2 NAME	Behairy, Mohammed
STREET ADDRESS		6.3 STREET ADDRESS	512 Jacaranda Way
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Plantation, FL 33324

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.

SIGNATURE _____ (Treasurer) 4/29/97 (954) 985-2400

CR2E037 (9/96)

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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Mahgoub, Imad
STREET ADDRESS		1.3 STREET ADDRESS	6848 Palmetto Circles
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Pirzada, Azhar
STREET ADDRESS		2.3 STREET ADDRESS	6421 N.W. 42nd Ct
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Khan, Azim
STREET ADDRESS		3.3 STREET ADDRESS	18580 Longlake Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Shaeed, Mohammed
STREET ADDRESS		4.3 STREET ADDRESS	4505 NW 103 RD AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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SIGNATURE: Neloju Pirzada (Treasurer) 4/29/97 (954) 985-2400
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #