


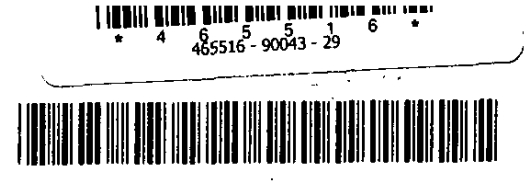
FILE NOW: FILING FEE IS \$61.25

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May 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N34183 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 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/12/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	35-0522362
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

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 Zahid Qureshi 82 Street Address (P.O. Box Number is Not Acceptable) 7118 Southgates Blvd. 83 84 City N. Lauderdale FL 85 Zip Code 33068
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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 **ZAHID QURESHI** *Zahid Qureshi* DATE **4/19/99**

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	DT <input type="checkbox"/> DELETE	1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QURESHI, SAMINA	1.2 NAME	MOHAMMED IQBAL
STREET ADDRESS	7735 N.W. 47TH DR.	1.3 STREET ADDRESS	8200 NW 40TH COURT
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVED, MOHAMMED	2.2 NAME	
STREET ADDRESS	8961 N.W. 8TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input 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	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QURESHI, ZAHID	4.2 NAME	
STREET ADDRESS	7735 N.W. 47TH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	TPI <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRZADA, NELOFUR	5.2 NAME	
STREET ADDRESS	6421 NW 42ND COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBASSAM, HAYTHEM	6.2 NAME	
STREET ADDRESS	9161 N.W. 24TH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	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: *Zahid Qureshi* **ZAHID QURESHI** DATE **4/19/99 (954)** 721-8707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)