

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46808 (4)

1. Corporation Name
CARIBBEAN - AMERICAN ISLAMIC ASSOCIATION, INC.



Principal Place of Business 3041 N 74TH AVE 6 HOLLYWOOD FL 33026 US	Mailing Address 8636 SW 14th ST Pembroke Pines FL 33025
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3. Date Incorporated or Qualified 01/13/1992	3a. Date of Last Report 02/15/1995
4. FEI Number 65-0307617	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21 8636 SW 14th St.	2a. Mailing Address 26 AS ABOVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Pembroke Pines - FL	28 City & State
24 Zip 33025	25 Country Bloward
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**MOHAMMED, WAZIM
8636 SW 14TH ST.
PEMBROKE PINES FL 33025**

10. Name and Address of New Registered Agent

81 Name WAZIM MOHAMMED
82 Street Address (P.O. Box Number is Not Acceptable)
83 8636 SW 14th STREET,
84 City Pembroke Pines FL
85 Zip Code 33025

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RABBIL, RAMJOHN	
STREET ADDRESS	6811 SW 26TH CT	
CITY-ST-ZIP	MIRMAR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOHAMMED, WAZIM	
STREET ADDRESS	8636 SW 14 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, NAZIR	
STREET ADDRESS	7767 MERIDAN ST	
CITY-ST-ZIP	MIRMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KHAN, SAUD	
STREET ADDRESS	6040 NW 40TH ST., VIRGINIA GARDENS	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOHAMMED, KAYUBE	
STREET ADDRESS	7088 W. 29TH AVE. HIALEAH	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHANKERSINGH, AFROSE	
STREET ADDRESS	9508 NW 8 CIR	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RABBIL Ramjohn	
13 STREET ADDRESS	6811 SW 26th Ct, Mirmar - FL 33023	
14 CITY-ST-ZIP	MIRMAR - FL 33023	
21 TITLE	Secretary-Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WAZIM Mohammed	
23 STREET ADDRESS	8636 SW 14th St, P. Pines, FL 33025	
24 CITY-ST-ZIP	P. Pines, FL 33025	
31 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	NAZIR Richardson	
33 STREET ADDRESS	7767 Meridan St	
34 CITY-ST-ZIP	MIRMAR, FL - 33023	
41 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Kayume Mohammed	
43 STREET ADDRESS	7088 W. 29th Ave, Hialeah - FL	
44 CITY-ST-ZIP	33016	
51 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Afrose Chankersingh	
53 STREET ADDRESS	9508 - NW 8th Cir -	
54 CITY-ST-ZIP	Plantation, FL - 33321	
61 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Abzal Hosein	
63 STREET ADDRESS	7311 Plantation Blvd	
64 CITY-ST-ZIP	MIRMAR - FL - 33023	

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: **WAZIM MOHAMMED** 04/18/96 (436-6506)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Secretary/Director

CR2E037 (12/95)