

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N46808 (4)
1. Corporation Name
CARIBBEAN - AMERICAN ISLAMIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
8636 SW 14TH ST PEMBROKE PINES FL 33025 US
8636 SW 14TH ST PEMBROKE PINES FL 33025 US

3. Date Incorporated or Qualified
01/13/1992
4. FEI Number
65-0307617
Applied For
Not Applicable

2. Principal Place of Business
21 Same AS ABOVE
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country
26 8636 SW 14th STREET
27 Pembroke Pines
28 Florida
29 33025
30 U.S.A

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WAZIM MOHAMMED
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)
8636 SW 14th Street
83 Pembroke Pines
84 City
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 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	PD	1.1 TITLE	PRESIDENT/DIRECTOR
NAME	RAMLAL, ARTHUR	1.2 NAME	RAMLAL ARTHUR
STREET ADDRESS	6811 SW 26TH CT	1.3 STREET ADDRESS	6811 SW 26th CT
CITY-ST-ZIP	MIRMAR FL 33025	1.4 CITY-ST-ZIP	MIRMAR 33025
TITLE	SD	2.1 TITLE	SECRETARY/DIRECTOR
NAME	MOHAMMED, WAZIM	2.2 NAME	MOHAMMED WAZIM
STREET ADDRESS	8636 SW 14 STREET	2.3 STREET ADDRESS	8636 SW 14th ST
CITY-ST-ZIP	PEMBROKE PINES FL 33025	2.4 CITY-ST-ZIP	Pembroke Pines, FL-33025
TITLE	T	3.1 TITLE	Treasurer/DIRECTOR
NAME	MOHAMMED, NAZIR	3.2 NAME	MOHAMMED NAZIR
STREET ADDRESS	APT 8TH-3777 NW 8TH AVE	3.3 STREET ADDRESS	APT 8th - 3777 NW 8th Avenue
CITY-ST-ZIP	HOLLYWOOD FL 33024	3.4 CITY-ST-ZIP	HOLLYWOOD, FL-33024
TITLE	D	4.1 TITLE	TRUSTEE
NAME	OMARALLY, ABUL	4.2 NAME	SHERIFF MASOOM
STREET ADDRESS	9201 SW 20TH ST	4.3 STREET ADDRESS	6001 SW 40th COURT
CITY-ST-ZIP	MIRMAR FL 33025	4.4 CITY-ST-ZIP	MIRMAR - 33023
TITLE	D	5.1 TITLE	TRUSTEE
NAME	HOSEIN, ABZAL	5.2 NAME	HOSEIN ABZAL
STREET ADDRESS	7311 PLANTATION BLVD	5.3 STREET ADDRESS	7311 PLANTATION BLVD
CITY-ST-ZIP	MIRMAR FL 33023	5.4 CITY-ST-ZIP	MIRMAR - 33023 FL
TITLE	D	6.1 TITLE	TRUSTEE
NAME	MOHAMMED, KEN	6.2 NAME	MOHAMMED Ken
STREET ADDRESS	6910 SW 8TH ST.	6.3 STREET ADDRESS	6910 SW 8th ST,
CITY-ST-ZIP	PEMBROKE PINES FL 33025	6.4 CITY-ST-ZIP	Pembroke Pines FL 33025

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.

SIGNATURE: _____ DATE: 01/12/98 TELEPHONE: 954-436-6506

CR2E037 (10/97)