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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46808

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

Principal Place of Business 8636 SW 14TH ST PEMBROKE PINES FL 33025 US	Mailing Address 8636 SW 14TH ST PEMBROKE PINES FL 33025 US
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2. Principal Place of Business 21 8636 SW 14th St.	2a. Mailing Address 26 8636 SW 14th St.	3. Date Incorporated or Qualified 01/13/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc. Pembroke Pines	4. FEI Number 65-0307617
22	27	Applied For <input type="checkbox"/> Not Applicable
23 City & State Pembroke Pines, FL	28 City & State Florida	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip FL 33025	25 Country U.S.A	29 Zip 33025
30 Country U.S.A	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 **FLORIDA - 33025 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 *Wazim Mohammed* DATE **01/28/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAMLAL, ARTHUR	
STREET ADDRESS	6811 SW 26TH CT	
CITY-ST-ZIP	MIRMAR FL 33025 (33023)	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOHAMMED, WAZIM	
STREET ADDRESS	8636 SW 14 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	MOHAMMED, NAZIR	
STREET ADDRESS	APT 8TH-3777 NW 8TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHERIFF MASOOM	
STREET ADDRESS	6001 SW 40TH COURT	
CITY-ST-ZIP	MIRMAR FL 33023	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOSEIN, ARZAL	
STREET ADDRESS	7311 PLANTATION BLVD	
CITY-ST-ZIP	MIRMAR FL 33025 (33023)	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOHAMMED, KEN	
STREET ADDRESS	6910 SW 8TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAMLAL ARTHUR	
1.3 STREET ADDRESS	6811 SW 26 CT.	
1.4 CITY-ST-ZIP	MIRMAR, FL - 33023	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WAZIM MOHAMMED	
2.3 STREET ADDRESS	8636 SW 14th ST.	
2.4 CITY-ST-ZIP	Pembroke Pines FL - 33025	
3.1 TITLE	TRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ABZAL Hosein	
3.3 STREET ADDRESS	7311 - Plantation Blvd,	
3.4 CITY-ST-ZIP	MIRMAR, FL - 33023	
4.1 TITLE	DNazeer Mohammed	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	9320 NW 34 CT.	
4.4 CITY-ST-ZIP	SUNRISE, FL - 33351	
5.1 TITLE	SHERIFF MASOOM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	6001 SW 40th COURT,	
5.4 CITY-ST-ZIP	MIRMAR - FL - 33023	
6.1 TITLE	D- Mohammed Ken	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	6910 - SW 8th St.	
6.4 CITY-ST-ZIP	P. 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, with all other like empowered.

SIGNATURE: *Wazim Mohammed* SIGNATURE REQUIRED DATE **01/28/99**

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

CR2E037 (11/98)