FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N49486 (6)

1. Corporation Name

ISLAMIC FOUNDATION OF FLORIDA, INC.

300001491883
-05/17/95--01144--006
*****68.75 *****68.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
341 NE 35TH ST MIAMI FL 33139	341 NE 35TH ST MIAMI FL 33139

3. Date Incorporated or Qualified: 06/18/1992
3a. Date of Last Report: 11/07/1994
4. FEI Number: 65-0344900 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6355 ALLISON ROAD	26 6355 ALLISON ROAD
Suite, Apt. #, etc. 22 MIAMI	Suite, Apt. #, etc. 27
City & State 23 MIAMI BEACH, FL	City & State 28 MIAMI BEACH, FL
Zip 24 33141 Country 25	Zip 29 33141 Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VAKHARIA, BHUPEN
701 EAST COMMERCIAL BLVD.
SECOND FLOOR, STE. 200
FT. LAUDERDALE FL 33334

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 607.0502 and 607.1508, 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 607.0505, 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	D	1 1 TITLE	☐ Change ☐ Addition
NAME	HOSSAIN, MOHAMMED S	1 2 NAME	
STREET ADDRESS	6355 ALLISON ROAD	1 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	1 4 CITY - ST - ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	MIAH, MOHAMMED H	2 2 NAME	
STREET ADDRESS	341 NE 35TH ST.	2 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2 4 CITY - ST - ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	ASGAR, MOHAMMED A	3 2 NAME	
STREET ADDRESS	341 NE 35TH ST.	3 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	5-1-95
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

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: Md Saleh Hoss 4/3/95 305 673 8814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007876