

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1997 OCT -6 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N93000003525 (3)
1. Corporation Name
NIGERIAN ISLAMIC SOCIETY, INC.



Principal Place of Business Mailing Address

2410 N.W. 93 STREET MIAMI FL 33147 US
 2410 N.W. 93 STREET MIAMI FL 33147 US
 P.O. Box 173802 HIALEAH, FL 33017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/02/1993	05/01/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0446430	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	8. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25	30		
33017	USA		

9. Name and Address of Current Registered Agent

OLAIGBE, OLA
2410 NW 93 STREET
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name F. B. ETTI
 82 Street Address (P.O. Box Number is Not Acceptable) 19897 NW 62 AVENUE
 83 700002317497--5
 84 City MIAMI, FL 33015

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 my obligations under, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BAMISIGBIN, OLAJIDE	
STREET ADDRESS	4466 N.W. 200 ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IBRAHIM, LATEEF	
STREET ADDRESS	10920 N.W. 14TH AVE #B43	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ADEBISI, SURAJ M	
STREET ADDRESS	5881 NW 192ND ST	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SALVADOR, RASAQ O	
STREET ADDRESS	4221 S.W. 21ST ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLADUNNI, DELE Y	
STREET ADDRESS	1120 N.W. 78TH TR	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AZEEZ-ADEBISI, RISIKAT A	
STREET ADDRESS	5881 N.W. 192ND ST	
CITY-ST-ZIP	MIAMI FL 33015	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12-

1.1 TITLE	TP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		BAMISIGBIN, OLAJIDE	
1.3 STREET ADDRESS		4466 NW 200 ST.	
1.4 CITY-ST-ZIP		MIAMI, FL 33055	
2.1 TITLE	T	CHIEF IMAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		IBRAHIM, LATEEF	
2.3 STREET ADDRESS		650 IVES DAIRY RD., #317-3	
2.4 CITY-ST-ZIP		N. MIAMI BEACH, FL 33179	
3.1 TITLE	T	GENERAL SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		AKANDE, MOHAMMED	
3.3 STREET ADDRESS		2410 NW 93 STREET	
3.4 CITY-ST-ZIP		MIAMI, FL 33147	
4.1 TITLE	T	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		SALVADOR, RASAQ O	
4.3 STREET ADDRESS		4221 SW 21 ST.	
4.4 CITY-ST-ZIP		HOLLYWOOD, FL 33023	
5.1 TITLE	T	OLADUNNI, DELE Y.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		OLADUNNI, DELE Y.	
5.3 STREET ADDRESS		1120 NW 78 TERA.	
5.4 CITY-ST-ZIP		PLANTATION, FL 33322	
6.1 TITLE	T	FINANCIAL SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		FATAI ETTI	
6.3 STREET ADDRESS		19897 NW 62 AVE	
6.4 CITY-ST-ZIP		MIAMI, FL 33015	

14. I do 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.

CR2E037 (497)

[Handwritten signature]