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Jul 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000169 (0)

1. Corporation Name

ASSALAM CENTER, INC.



Principal Place of Business

Mailing Address

4631 N. DIXIE HIGHWAY
BOCA RATON FL 33431

4631 N. DIXIE HIGHWAY
BOCA RATON FL 33431-5030

3. Date Incorporated or Qualified
01/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 212/8 ST. ANDREWS BLVD

2a 212/8 ST. ANDREWS BLVD 65-0638062

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit # 147

27 Unit # 147

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33433

26 U.S.A.

29 33433

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARA-TECH INTERNATIONAL TRADERS, INC.
4631 N. DIXIE HIGHWAY
BOCA RATON FL 33431

81 Name

YAMO ENTERPRISES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

7450 CHAMPAGNE PLACE

83

84 City

BOCA RATON

FL

85 Zip Code

33433

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

NAZIH IBRAHIM - PRESIDENT 4/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MAHGOUB, IMAD
STREET ADDRESS 6848 PALMETTO CIRCLE #1214
CITY-ST-ZIP BOCA RATON FL 33433

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MAHGOUB, IMAD
1.3 STREET ADDRESS 6848 PALMETTO CIRCLE #1214
1.4 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE SD ☒ DELETE
NAME ILYAS, MOHAMMAD
STREET ADDRESS 21290 HAZELWOOD LANE
CITY-ST-ZIP BOCA RATON FL 03342-8

2.1 TITLE SD ☒ Change ☒ Addition
2.2 NAME ILYAS, MOHAMMAD
2.3 STREET ADDRESS 21290 S.W. 66 AVE #207
2.4 CITY-ST-ZIP BOCA RATON, FL 33428

TITLE TD ☒ DELETE
NAME NAJM, AMEEN
STREET ADDRESS 2899 N.W. 34TH STREET
CITY-ST-ZIP BOCA RATON FL 33434

3.1 TITLE TD ☒ Change ☒ Addition
3.2 NAME NAZIH IBRAHIM
3.3 STREET ADDRESS 7450 CHAMPAGNE PLACE
3.4 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 (9/96)

Dep \$61.25