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Aug 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
21218 ST. ANDREWS BLVD. UNIT #147 BOCA RATON FL 33433	21218 ST. ANDREWS BLVD. UNIT #147 BOCA RATON FL 33433

3. Date Incorporated or Qualified: 01/05/1996

4. FEI Number: 65-0638062 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 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. 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

YAMO ENTERPRISES, INC.
7450 CHAMPAGNE PLACE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: IMAD MAHGOUB
82 Street Address (P.O. Box Number is Not Acceptable): 6848 PALMETTO CIR. SOUTH
83: # 1216
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: Imad Mahgoub (IMAD MAHGOUB) 8/20/1998
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	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	MAHGOUB, IMAD		1.2 NAME	ALAA EL-HALWAGY	
STREET ADDRESS	6848 PALMETTO CIRCLE #1216		1.3 STREET ADDRESS	164 N.W. 45 AVE.	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VDT	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	COLUCCI, RAY		2.2 NAME	SALAH ELROWENY	
STREET ADDRESS	22563 S.W. 66 AVE #207		2.3 STREET ADDRESS	5950 N.E. 18th AVE., SUITE 528	
CITY-ST-ZIP	BOCA RATON FL 33428		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE	VDS	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	IBRAHIM, NAZIH		3.2 NAME	AYMAN HAMMOUS	
STREET ADDRESS	1350 CHAMPAGNE PLACE		3.3 STREET ADDRESS	711 LYONS RD. #14103	
CITY-ST-ZIP	BOCA RATON FL 33433		3.4 CITY-ST-ZIP	COCONUT CREEK, FL 33063	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Imad Mahgoub IMAD MAHGOUB 6/25/98 (561)297-3458