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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000169

1. Corporation Name

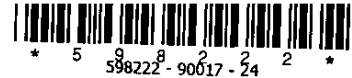
ASSALAM CENTER, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/05/1996

4. FEI Number

65-0638062

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MAHGOUB, IMAD
6848 PALMETTO CIR.S
#1216
BOCA RATON FL 33433

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 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MAHGOUB, IMAD	
STREET ADDRESS	6848 PALMETTO CIRCLE #1216	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VDT	☐ DELETE
NAME	COLUCCI, RAY	
STREET ADDRESS	22563 S.W. 66 AVE #207	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VDS	☐ DELETE
NAME	IBRAHIM, NAZIH	
STREET ADDRESS	1350 CHAMPAGNE PLACE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	☒ DELETE
NAME	EL-HALWAGY, ALAA	
STREET ADDRESS	164 NW 45TH AVE	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	☒ DELETE
NAME	ELROWENY, SALAH	
STREET ADDRESS	5950 NE 18TH AVE, STE 528	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	D	☒ DELETE
NAME	HAMMOUS, AYMAN	
STREET ADDRESS	711 LYONS RD #14103	
CITY-ST-ZIP	COCONUT CREEK FL 33063	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	SAIFELDEAN ELHASSAN	
1.3 STREET ADDRESS	1545 S.W. 14th St.	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	MOHAMED HASSAN	
2.3 STREET ADDRESS	11453 NW 39th Ct. #110	
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	ABDELKADER MAZOUZ	
3.3 STREET ADDRESS	11427 CLEAR CREEK PLACE	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	MUNZIR ZIRLI	
4.3 STREET ADDRESS	6980 N.W. 57 Ct.	
4.4 CITY-ST-ZIP	PARKLAND, FL 33067	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	WISSAM HAMADE	
5.3 STREET ADDRESS	9173 TIVOLI PLACE	
5.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)