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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001601 (1)

1. Corporation Name

MASJID UL ISLAM OF HOMESTEAD INC.



Principal Place of Business

Mailing Address

29845 SW 164TH PLACE
HOMESTEAD FL 33033

29845 SW 164TH PLACE
HOMESTEAD FL 33033-3267

3. Date Incorporated or Qualified
03/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KHAN, FAROUK K
29845 SW 164TH PLACE
HOMESTEAD FL 33033

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KHAN, FAROUK K
STREET ADDRESS 29845 SW 164TH PLACE
CITY-ST-ZIP HOMESTEAD FL 33033

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME KHAN, ABDUR
STREET ADDRESS 1757 SO. CURLEW LANE
CITY-ST-ZIP HOMESTEAD FL 33035

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME HUQ, EMRANUL
STREET ADDRESS 1680 SO. CURLEW LANE
CITY-ST-ZIP HOMESTEAD FL 33035

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME KHAN, ZAMAN
STREET ADDRESS 1757 SO. CURLEW LANE
CITY-ST-ZIP HOMESTEAD FL 33035

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

TITLE STD
NAME ALAM, SAIFUL
STREET ADDRESS 1045 NE 2ND AVENUE STE 313
CITY-ST-ZIP HOMESTEAD FL 33030

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE Farouk K Khan

26 Sept. 1997

CR2E037 (9/96)