
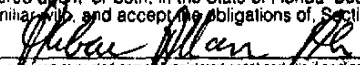
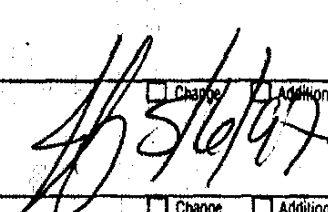
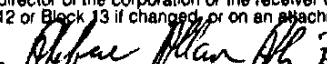


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 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 # N 96000006589			
1. Corporation Name Muslim Business & Professional Association Inc.			
Principal Place of Business		Mailing Address	
c/o A. A. Ali, CPA 6239 Edgewater Drive Suite N3 Orlando, FL 32810			
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
3. Date Incorporated or Qualified 12/27/96		3a. Date of Last Report	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name Akbar Allan Ali	
		82 Street Address (P.O. Box Number is Not Acceptable) 6239 Edgewater Dr. Ste. N3	
		83	
		84 City Orlando	
		FL 85 Zip Code 32810	
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 		Akbar Allan Ali, Treasurer 4/28/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gijan Moeinian	1.2 NAME	
STREET ADDRESS	1603 Bending Brook Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32807 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fazeela Ali	2.2 NAME	
STREET ADDRESS	800 N Magnolia Ave #401	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32803 <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Akbar Allan Ali	3.2 NAME	
STREET ADDRESS	6239 Edgewater Dr. Ste. N3	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32810 <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nayyar Ansari	4.2 NAME	
STREET ADDRESS	13746 SR 535	4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32821 <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Khan	5.2 NAME	
STREET ADDRESS	2610 Kunze Ave	5.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32806 <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mustopha Baksh	6.2 NAME	
STREET ADDRESS	5928 Major Blvd #207	6.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819 <input type="checkbox"/> DELETE	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.		 000002177090 -05/13/97--01086--001 ***70.00	
SIGNATURE:  Akbar Allan Ali		4/28/97 (407) 298-3900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (9/96)