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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N97000003311

1. Corporation Name

THE ISLAMIC CENTER OF THE UNIVERSITY OF MIAMI  
C.

Principal Place of Business

%DR MA TAPIA. ECE DEP. UNIV OF MIAMI  
PO BOX 248294  
CORAL GABLES FL 33124

Mailing Address

%DR MA TAPIA. ECE DEP. UNIV OF MIAMI  
PO BOX 248294  
CORAL GABLES FL 33124



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/30/1993

4. FEI Number.

65-0454544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

TAPIA, MOIEZ A  
5904 SW 64TH PLACE  
MIAMI FL 33143

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 CD  
NAME TAPIA, MOIEZ A  
STREET ADDRESS 5904 SW 64TH PLACE  
CITY-ST-ZIP MIAMI FL 33143

TITLE VCD  
NAME ASFOUR, SHIHAB S  
STREET ADDRESS 9608 SW 117 CT  
CITY-ST-ZIP MIAMI FL 33186

TITLE D  
NAME KAKAC, SADIK  
STREET ADDRESS 814 MARIANA AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE TD  
NAME BOUBEKAI, NOURREDINE  
STREET ADDRESS 6910 SW 132ND P:ACE  
CITY-ST-ZIP MIAMI FL 33183

TITLE SD  
NAME MIAN, ABDUL M  
STREET ADDRESS 7790 SW 124 ST  
CITY-ST-ZIP MIAMI FL 33156

TITLE D  
NAME MNAYMNAEH, WALID  
STREET ADDRESS 8655 SW 54 CT  
CITY-ST-ZIP MIAMI FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD  
1.2 NAME Dr. Salah Amer  
1.3 STREET ADDRESS 430 Costanera Road  
1.4 CITY-ST-ZIP Coral Gables, FL 33143

2.1 TITLE D  
2.2 NAME Mohammad Abughazaleh  
2.3 STREET ADDRESS Del Monte Fresh Produce Co.  
2.4 CITY-ST-ZIP 800 Douglas Entrance,

3.1 TITLE North Tower, 12th Fl  
3.2 NAME  
3.3 STREET ADDRESS Coral Gables, FL 33134

4.1 TITLE change Title  
4.2 NAME from TD to D  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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: *Mohammed Abughazaleh* chairman  
02/27/99 (305) 284-5565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)