

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003311
1. Corporation Name
THE ISLAMIC CENTER OF THE UNIVERSITY OF MIAMI IN
C.

Principal Place of Business C/O DR. M.A. TAPIA-CE DEPT. UNIV. OF MIAMI PO BOX 248294 CORAL GABLES FL 33124	Mailing Address C/O DR. M.A. TAPIA-CE DEPT. UNIV. OF MIAMI PO BOX 248294 CORAL GABLES FL 33124-8294
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/30/1993	3a. Date of Last Report 04/12/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0454544	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent TAPIA, MOIEZ A DR 5904 SW 84 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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAPIA, MOIEZ A DR, <i>Chairman</i> 5904 SW 84 PLACE MIAMI FL 33143	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASFOUR, SHIHAB S DR, <i>Vice Chairman</i> 9808 SW 117 COURT MIAMI FL 33186	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAKAC, SADIK DR 814 MARIANA AVE. CORAL GABLES FL 33134	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUBEKRI, NOURREDINE DR, <i>Treasurer</i> 6910 SW 132ND PLACE MIAMI FL 33183	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIAN, ABDUL M DR, <i>Secretary</i> 7790 SW 124 STREET MIAMI FL 33156	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MNAYMNAEH, WALID DR 8855 SW 54 COURT MIAMI FL 33143	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Tapia* Jan. 28, 1997 (305) 284-5565 (ok)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (305) 666-9590 (yes)

CP2E034 (9/96)

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