

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K02734** (7)

1. Corporation Name  
**MIAMI RIVER GROUP, INC.**



Principal Place of Business: **C/O IRA B. PRICE, 64 SE 4TH STREET, MIAMI FL 33131-2109**  
 Mailing Address: **C/O IRA B. PRICE, 64 SE 4TH STREET, MIAMI FL 33131-2109**

3. Date Incorporated or Qualified: **11/19/1987**  
 3a. Date of Last Report: **05/22/1995**  
 4. FEI Number: **65-0017088**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **PRICE, IRA B, 9130 SOUTH DADELAND BLVD., STE. 1705, MIAMI FL 33156**  
 10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (85).

11. Pursuant to the provisions of Sections 607.0102 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: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------------|---|---|
| TITLE                      | PO NAKHJAVAN, BIJAN              | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NAKHJAVAN, BIJAN                 | 1.2 NAME  |   |
| STREET ADDRESS             | 2610 HALISSEE DR                 | 1.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | MIAMI FL                         | 1.4 CITY- ST- ZIP                                     |   |
| TITLE                      | SD NAKHJAVAN, ARLETTE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NAKHJAVAN, ARLETTE               | 2.2 NAME  |   |
| STREET ADDRESS             | 2610 HALISSEE DR                 | 2.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | MIAMI FL                         | 2.4 CITY- ST- ZIP                                     |   |
| TITLE                      | D ROUHANI, FARHANG               | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROUHANI, FARHANG                 | 3.2 NAME  |   |
| STREET ADDRESS             | 64 S.E. 74 ST                    | 3.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | MIAMI FL                         | 3.4 CITY- ST- ZIP                                     |   |
| TITLE                      | S PRICE, IRA B                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PRICE, IRA B                     | 4.2 NAME  |   |
| STREET ADDRESS             | 9130 SOUTH DADELAND BLVD., #1705 | 4.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | MIAMI FL                         | 4.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 5.2 NAME  |   |
| STREET ADDRESS             |                                  | 5.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                                  | 5.4 CITY- ST- ZIP                                     |   |
| TITLE                      |                                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 6.2 NAME  |   |
| STREET ADDRESS             |                                  | 6.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                                  | 6.4 CITY- ST- ZIP                                     |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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: **BIJAN NAKHJAVAN** (Signature) **4/30/96** (Date) **(305)3817778** (Phone Number)

CR2E034 (12/95)