

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED  
AND  
FILED**

1997 OCT 23 PM 3: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

①

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>64 SE 4th Street</b>	2a. Mailing Address 26 <b>64 SE 4th Street</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>MIAMI FL</b>	28 City & State <b>MIAMI FL</b>
24 Zip <b>33131</b>	25 Country <b>U.S.A</b>
29 Zip <b>33131</b>	30 Country <b>U.S.A</b>

3. Date Incorporated or Qualified <b>11/19/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0017088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NAKHJAVAN, BIJAN	
STREET ADDRESS	2810 HALISSEE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NAKHJAVAN, ARLETTE	
STREET ADDRESS	2810 HALISSEE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUHANI, FARHANG	
STREET ADDRESS	64 S.E. 74 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PRICE, IRA B	
STREET ADDRESS	9130 SOUTH DADELAND BLVD., #1705	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

300002329403-3  
-10/24/97-01100-009  
\*\*\*\*165.00 \*\*\*\*165.00

10/25/97

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 \_\_\_\_\_

CR2E034 (4/97)

(2)

to - FLA Dept of state  
Division of corporations

From - Miami River group INC

DOCUMENT # K02734

FEI # 65-0017088

Dear Sir,

As I stated on the phone during our phone conversation you advise me to write this letter and send \$165.-  
on Friday Oct, 17, 97 we received a 2nd notice from your office document # K02734 we were very surprised since we never received the first notice we do not know what happened and why we never received the notice. we are a small company and always very care full to send our fees on time manner so we would not get penalized we never received your the notice please find enclosed check for \$165.00 and as you requested I wrote this letter to state exactly what happened. Thank you very much for your advise and consideration to this matter

Very truly yours

Bijan Nakhjovan.

