

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

FILED  
May 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V01560 (4)

1. Corporation Name  
MUVICO DELRAY, INC.

Principal Place of Business  
255 COMMERCIAL BLVD.  
SUITE 200  
LAUDERDALE BY THE SEA FL 33308

Mailing Address  
255 COMMERCIAL BLVD.  
SUITE 200  
LAUDERDALE BY THE SEA FL 33308-4475



2. Principal Place of Business  
21 3101 N. FEDERAL HWY  
Suite, Apt. #, etc.  
22 #600  
City & State  
23 FORT LAUDERDALE FLA  
Zip Country  
24 33306-1042 25  
2a. Mailing Address  
26 3101 N. FEDERAL HWY  
Suite, Apt. #, etc.  
27 #600  
City & State  
28 FORT LAUDERDALE, FLA  
Zip Country  
29 33306-1042 30

3. Date Incorporated or Qualified  
12/19/1991

3a. Date of Last Report  
05/29/1996

4. FEI Number  
65-0387891

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HASHEMI, A. HAMID  
255 COMMERCIAL BLVD.  
SUITE 200  
LAUDERDALE BY THE SEA FL 33308

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 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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	HASHEMI, A. HAMID	255 COMMERCIAL BLVD.	LAUD. BY THE SEA FL	<input type="checkbox"/>
V	CALEFFE, ROBERT	4011 N. CYPRESS DR. #205	POMPANO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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; 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/97

(954) 564-6550

Date

Daytime Phone #

CR2E034 (9/96)