

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

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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: 3101 N FEDERAL HWY #600 FT. LAUDERDALE FL 33306-1042 US  
 Mailing Address: 3101 N FEDERAL HWY #600 FT. LAUDERDALE FL 33306-1042 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/19/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0387891	
24 Country		29 Country		30 Country	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HASHEMI, A. HAMID 255 COMMERCIAL BLVD. SUITE 200 LAUDERDALE BY THE SEA FL 33308				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				3101 North Federal Highway, #600	
				83	
				84 City	
				Fort Lauderdale FL	
				85 Zip Code	
				33306	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASHEMI, A. HAMID	1.2 NAME	
STREET ADDRESS	255 COMMERCIAL BLVD.	1.3 STREET ADDRESS	3101 N. Federal Highway, #600
CITY-ST-ZIP	LAUD. BY THE SEA FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALEFFE, ROBERT	2.2 NAME	
STREET ADDRESS	4011 N. CYPRESS DR. #205	2.3 STREET ADDRESS	3101 N. Federal Highway, #600
CITY-ST-ZIP	POMPANO FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

CR2E034 (10/97)