

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90014 028 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 710349** ✓

1. Corporation Name  
**THE RIVIERA CONDOMINIUM APARTMENTS, INC.**

Principal Place of Business  
 1150 N.E. 191ST STREET  
 BUILDING C  
 NORTH MIAMI BEACH FL 33179-1033

Mailing Address  
 1150 N.E. 191ST STREET  
 BUILDING C  
 NORTH MIAMI BEACH FL 33179-1033



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		02/14/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-1146046	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
4 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOOD, JAMES D DR 1100 N.E. 191 ST. #E25 NO. MIAMI BEACH FL 33179				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, ARNOLD	1.2 NAME	BENJAMIN GOLDEN
STREET ADDRESS	1160 NE 191TH ST #B21	1.3 STREET ADDRESS	1000 NE 191 ST #F11
CITY-ST-ZIP	N MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTEZ, LUIS	2.2 NAME	MICHAEL SCLAFANI
STREET ADDRESS	1000 NE 191TH ST #F15	2.3 STREET ADDRESS	1170 NE 191 ST #A34
CITY-ST-ZIP	N MIAMI BEACH FL 33179	2.4 CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, DR. JAMES D.	3.2 NAME	SANDRA ROKER
STREET ADDRESS	1100 NE 191 STREET E36	3.3 STREET ADDRESS	1000 NE 191 ST #F32
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	3.4 CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JOSELYN	4.2 NAME	LOUIS CORTEZ
STREET ADDRESS	1140 NE 191ST ST. D-31	4.3 STREET ADDRESS	1000 NE 191 ST #F15
CITY-ST-ZIP	N MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBER, SHIRLEY	5.2 NAME	
STREET ADDRESS	1160 NE 191 ST., B-34	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORIN, SEYMOUR	6.2 NAME	
STREET ADDRESS	1170 NE 191 ST. A-32	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Roker* SIGNATURE REQUIRED *Sandra Roker* 7/6/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004855  
CR2E037 (5/99)