

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 05 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714481 (9)

1. Corporation Name
RIO NUEVO DOCKS, INC.



Principal Place of Business 2624 NE 32ST 222 FT LAUDERDALE FL 33006 33306 US	Mailing Address 2624 NE 32 ST 222 FT LAUDERDALE FL 33306 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1968	3a. Date of Last Report 07/03/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

PELTON, ARTHUR
2624 NE 32 ST SUITE 222
POMPANO BEACH FL 33080

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE <input checked="" type="checkbox"/> P <input type="checkbox"/> DELETE	NAME BROWNING, LAWRENCE
STREET ADDRESS 4050 S.W. 1ST STREET	
CITY-ST-ZIP PLANTATION FL 33317	
TITLE <input type="checkbox"/> DELETE	NAME TS PELTON, ARTHUR
STREET ADDRESS 310 SE 15TH AVE	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE <input type="checkbox"/> DELETE	NAME D DUFOUR, GARY
STREET ADDRESS 3100 NE 20 AVE LIGHTHOUSE POINT FL	
TITLE <input checked="" type="checkbox"/> V <input type="checkbox"/> DELETE	NAME SURGE, ALEX
STREET ADDRESS 809 SW 9 TERRACE	
CITY-ST-ZIP FT. LAUDERDALE FL 33305	
TITLE <input type="checkbox"/> DELETE	NAME D DANKO, FRANK
STREET ADDRESS 1821 ADAMS ST.	
CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE <input checked="" type="checkbox"/> DELETE	NAME TAYLOR, OLIVE DANIA FL 33004

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS 707 S. LAKE CLAY DRIVE	
3.4 CITY-ST-ZIP LAKE PLACID FL 33852	
4.1 TITLE <input checked="" 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 checked="" type="checkbox"/> Addition	D ROBERT CARDENAS
6.2 NAME	
6.3 STREET ADDRESS 5055 NORTH A1A #606	
6.4 CITY-ST-ZIP FORT PIERCE FL 34949	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ (NOTE: SIGNATURE REQUIRED) PELTON 8-15-97 (904)566-1596

CR2E037 (4/97)