

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 751790 (7)
 1. Corporation Name
THE RIVIERA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **2401 COLLINS AVENUE MIAMI BEACH FL 33140**
 Mailing Address: **2401 COLLINS AVENUE MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified: **03/31/1980**
 3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**

4. FEI Number: **59-2022072**
 Applied For: Not Applicable

Suite, Apt #, etc.: **22**
 Suite, Apt #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
 City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**
 Zip: **29** Country: **30**

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

9. Name and Address of Current Registered Agent
ROSA DE LA CAMARA
% BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126

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 _____
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CATA, JOSE	
STREET ADDRESS	2401 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MESA, NANCY	
STREET ADDRESS	2401 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEREZ, IGNACIO	
STREET ADDRESS	2401 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COSSIO, VINCENT	
STREET ADDRESS	2401 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	ALLEGUEZ, ALDO	
STREET ADDRESS	2401 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHANCHNER, MAX	
STREET ADDRESS	2401 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alvarez, Armando	
1.3 STREET ADDRESS	2401 Collins Ave	
1.4 CITY-ST-ZIP	Miami Beach, Fl 33140	
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ **SIGNATURE REQUIRED** **6/17/96** **(305) 532-3742**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #
 0007316

CR2E037 (3/96)