

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 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 # 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 33140-4752
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1980	3a. Date of Last Report 06/24/1996
21	26	Suite, Apt. #, etc.		4. FEI Number 59-2022072	Applied For Not Applicable
22	27	City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROSA DE LA CAMARA % BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI FL 33126				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				B5	Zip Code
				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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ARMANDO	1.2 NAME	MESA, WALDO
STREET ADDRESS	2401 COLLINS AVE	1.3 STREET ADDRESS	2401 Collins Ave
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	Miami Beach FL 33140
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESA, NANCY	2.2 NAME	
STREET ADDRESS	2401 COLLINS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, IGNACIO	3.2 NAME	
STREET ADDRESS	2401 COLLINS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSSIO, VINCENT	4.2 NAME	
STREET ADDRESS	2401 COLLINS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	VO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEGUEZ, ALDO	5.2 NAME	
STREET ADDRESS	2401 COLLINS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHANCHNER, MAX	6.2 NAME	
STREET ADDRESS	2401 COLLINS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	

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: *Waldo Mesa*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # **0029636**

CR2E037 (9/96)