

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -9 PM 1:31



1. Name of Limited Partnership RIVIERA APTS, LTD.		1a. DOCUMENT # A32240	
2. Mailing Address 735 COLLINS AVENUE MIAMI BEACH FL 33139		2a. Principal Office Address 735 COLLINS AVENUE MIAMI BEACH FL 33139	
3. Date Formed or Registered 11/19/1991		5a. Capital Contributions as Shown on record. \$1,525,434.00	
3a. Date of Last Report 09/16/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0328307 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SALAND, ROBERT F 735 COLLINS AVENUE MIAMI BEACH FL 33139		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 1130 Washington Ave. Suite, Apt. #, etc. 4th Floor City Miami Beach FL Zip Code 33139	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
A.L. RIVERA, INC.	735 COLLINS AVENUE	MIAMI BEACH FL	S95034
RIVERA HOUSING CORP.	313 CONGRESS STREET	BOSTON MA 02210	F92000000081

100002415401--4
-01/29/98-01003--010
****550.00 ****550.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE

1/6/98

Typed or Printed Name of General Partner Signing Form _____

Robert Saland Pres. A.L. Rivera Inc

Daytime Telephone Number

305-538-9552

CR2E003 (6/97)