FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

 LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

97 MAR 31 PH 2: 37



RIVIERA CLUB GENERAI	L, LTD.			
Maing Address 2000 SOUTH OCEAN DRIVE HALLANDALE BEACH FL 33009	Principal Office Address 2080 SOUTH OCEAN DRIVE HALLANDALE BEACH FL 33009			5a. Capital Contributions as Shown on record.
2. Mailing Address	28. Principal Office Address	· 	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For
Çity & State	City & State	City & State		Not Applicable
Zip- Country	7in	Zip Country		\$8,75 Additional Fee Flequired
Zip- Country		Country	8. Make check payable to Dept.	of State (See reverse side for lee information
Q Name and Address	s of Current Registered Agent		10. If changed, new Registe	ered Agent/Office
BLODIG, GREGORY J ESQ. GREENSPOON/MARDER/HIRSCHFELD/RAFKIN/ ETAL 100 WEST CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE FL 33309		Name		
		Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.		
		City Zip Code		
SIGNATURE (Registered Agent Accepting Appr A GENERAL PARTNER 11. Name(s) of General Partner(s)	THAT IS A CORPORATION, MUST BE REGISTERED A 11a. (Do Address of Each Grace)	ND ACTIV	PARTNERSHIP OR OTH	Registration/
RIVIERA CLUB, INC.		2080 SOUTH OCEAN DR.		P9500007981
			HALLANDALE BEACH FL 3 SIDIDIDIDI -04/0 ****	21312997 12/9701062011 200.00 ****200.00
	de eu	<u>. </u>	100 DU	
Note: General partners Ma	AY NOT be changed on this for	rm; an am	endment must be filed to c	hange a general partner.
Corporations from any hability of non-cor-	upplied with this filing is voluntarily furnished and does impliance with Section 119.07(3)(k) in the event that the id that my signature shall have the same legal effects juired by chapter 620, Florida Statutes	e information supp	olied is deemed exempt from public access. I to	arther certify that the information Indicated or
SIGNATURE	(Positive)		DATE	3-24-97 954-458-6666
Typed or Printed Name of General Partner Signi	PRESIDENT		Daytime Telephone Number	~{ } ~~ ~ ~ \ G ~ \ \ \ \ \ \ \ \ \ \ \ \ \

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