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PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F29568

(5)

RIVERFRONT DEVELOPMENT CORP.

FILED Apr 14 1997 8:00am Secretary of State



2075 NE 191ST ST STE 704		2875 NE 1918T 8T STE 704						
NO MIAMI BCH	I FL 33180	NO MIAMI FL 33180-2834	}					
US		US			3. Date Incorporated or Qualified 04/23/1981	3a. Date of Last Report 05/01/1996		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	Applied For
21		26			59-2180116			Not Applicable
Suite, Apt 4	#. etc	Suite, Apt. #, etc.		12 111 11-1-11			\$8.75	Additional
22		27	27		5. Certificate of Status Desired	L	Fee	Required
City & State	;	City & State			6. Election Campaign Financing		\$5.0	O May Be
23		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for i	intangible t	ax undei	s. 199.032,
24	25	29	30				No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered A	gent	
MAY	'er, charles		81	Name				
	5 NE 191ST ST		82	Street Add	dress (P.O. Box Number is Not Acceptab	de)		
STE								
	MIAMI BCH FL 33180		83	3			÷	
			B4	6 City			65 Zi	p Code
			i	1 " 1		FL		•
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the abo	ve-named cor	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of	changing	its registered
office of the	egistered agent, or both, in the Sta ni familiar with, and accept the obt	ite of Florida. Such change was igations of, Section 607,0505, F	autnorizeo t Iorida Statute	by the corpora as.	ation's board of directors, I hereby accep	or rue who	ні ыптыні і	as registered
	The state of the s	3						
SIGNATURE.	Signature: typical or printed name of registered in	agent and lide if applicable (NC	It Registered A	gent signature requ	uired when reinstating)	DATE		
12,	Stgrature: typicd or printed name of registered. OFFICERS A	agent and lide if applicable (NC ND DIRECTORS	TE Registered A	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECT	ORS IN 12
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12. THE NAME	OFFICERS A PD MAYER, CHARLES 20130 N.E. 21ST COURT	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS -ST-ZIP		CERS AND		e Additio
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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 of I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.