

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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

**DOCUMENT # L51468 (1)**  
 1. Corporation Name  
**RIVEREX CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>% IBC FIDUCIARY INC 444 BRICKELL AVE #51-246 MIAMI FL 33131</b>		Mailing Address <b>% IBC FIDUCIARY INC 444 BRICKELL AVE #51-246 MIAMI FL 33131</b>		3. Date Incorporated or Qualified <b>02/20/1990</b>	
21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address
27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country	31. Name	32. Street Address (P.O. Box Number is Not Acceptable)
33. City & State	34. Zip	35. Country	36. City	37. Zip Code	38. Name and Address of New Registered Agent
g. Name and Address of Current Registered Agent <b>IBC FIDUCIARY INC 100 S E SECOND STREET SUITE 2315-A MIAMI FL 33131</b>			10. Name and Address of New Registered Agent		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PDAS</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P-D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SMEJDA, LUCIUS</b>		1.2 NAME <b>Henley, J.</b>	
STREET ADDRESS <b>444 BRICKELL AVE #51-246</b>		1.3 STREET ADDRESS <b>444 Brickell Ave. #51-246</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP <b>Miami, FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HENNING, U.</b>		2.2 NAME	
STREET ADDRESS <b>444 BRICKELL AVE #51-246</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CARBAYO, E.</b>		3.2 NAME <b>Dellavedova, A.</b>	
STREET ADDRESS <b>444 BRICKELL AVE., #51-246</b>		3.3 STREET ADDRESS <b>444 Brickell Ave. #51-246</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP <b>Miami, FL</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

**SIGNATURE:** J. Henley **J. Henley** **4/30/98** **305-358-4441**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0181639

CR2E034 (10/97)