FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

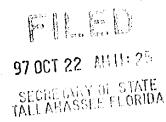
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01217 (1)

THE RIVER CLUB TOWNHOUSES CONDOMINIUM ASSOCIATIO N INC.

Principal Place of Business

Mailing Address





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1901 N.W. S. RIVER DRIVE MIAMI FL 33125			7154-B S.W. 47TH STREET Miami Fl 33155-4654					
						02/02/1984	ate of Last 10/04/1	
<u> </u>	lace of Business SAME	2a. Mailing Add	SAME			4. FEI Number 65-0150614		Applied For
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.					
22	·	27	, etc.			5. Certificate of Status Desired XXX		Additional Required
City & State	ө	City & State				Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country 25	Ζιρ 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes XXXVo		
	9. Name and Address of Curr	ent Registered Agent		<u>'</u>		10. Name and Address of New Registered	Agent	
				81	Name	SAME		
PASOS, JOSE C %GROUP CADICORP.				82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	SOUTH WEST 47TH ST.			83				
MIAMI F				84	City	FL	85 Zig	ρ Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617,1508, Flori	da Statutes, i	the above	e-named o		f changing	its registered
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								
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Re	gistered Age	nt signature r	equired when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	□ D	ELETE	1.1 TITLE			Change	Addition
NAME	Beraha, Sidney		Ī	1.2 NAME]	ያቸው በግዝ ያቸው በምት ያቸው ነቸው ነቸው ነገርት ነርርት ነ	aac	1
STREET ADDRESS	1901 NW S RIVER DRIVE			1.3 STREET	ADDRESS	900002328· -10/23/970	1104	.023
CITY-ST-ZIP	MIAMI FL 33125			1.4 CITY-S	T-ZIP	**********	Titos	an an
TITLE	TD	L.i D	ELETE	2.1 TATLE	1	4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	CT Change	Addition
NAME	DELAFE, HORTENSIA		1	2.2 NAME	Ţ			ļ
STREET ADDRESS	1901 NW S RIVER DR, #1			2.3 STREET	ADDRESS			İ
CITY-ST-ZIP	MIAMI FL 33125		<u> </u>	2. 4 CITY-S	T-ZIP	·	FT 6.	
TITLE	SD	المعا	FTF1F	3.1 TITLE	ļ	SD OSCAR AGUIRRE	☐ Change	noitibixxxx
NAME	QUIROZ, MONICA			3.2 NAME		OSCAR AGUIRRE		
STREET ADDRESS	1901 NW S RIVER DR, #18			3.3 STREET		1901 NW S RIVER DR. # 25 MIAMI, FLORIDA 33125		
CITY-ST-ZIP	MIAMI FL 33125	Пр	CLETE	3.4. CITY-S	ST-ZIP		170	
TITLE		ں ب	ELETE	4.1 TITLE	ĺ		Change	e ∐ Addition [
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET				į
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NAME			,,.	6.2 NAME	ł	_	C Ollange	
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STREET ADDRESS				6.3 STREET		ω		Į
CITY-ST-ZIP				6.4 CITY+S	I-ZIP			

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 13 is changed, or on an attachment with an address.