

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)
1. Corporation Name

THE RIVER CLUB TOWNHOUSES CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

1901 N.W. S. RIVER DRIVE
MIAMI FL 33125

7154-B S.W. 47TH STREET
MIAMI FL 33155-4654

FILED

97 OCT 22 AM 11:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA



3. Date Incorporated or Qualified 02/02/1984
3a. Date of Last Report 10/04/1996

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME	4. FEI Number 65-0150614	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired XXX	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes XXX No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASOS, JOSE C
%GROUP CADICORP.
7154-B SOUTH WEST 47TH ST.
MIAMI FL 33155

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	SAME FL
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BERAHA, SIDNEY	1.2 NAME	
STREET ADDRESS	1901 NW S RIVER DRIVE	1.3 STREET ADDRESS	900002328449--1
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	-10/23/97--01104--023
TITLE	TD	2.1 TITLE	
NAME	DELAPE, HORTENSIA	2.2 NAME	
STREET ADDRESS	1901 NW S RIVER DR, #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	QUIROZ, MONICA	3.2 NAME	SD
STREET ADDRESS	1901 NW S RIVER DR, #18	3.3 STREET ADDRESS	OSCAR AGUIRRE
CITY-ST-ZIP	MIAMI FL 33125	3.4 CITY-ST-ZIP	1901 NW S RIVER DR, # 25
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE _____ DATE _____
3-1-97 (305) 668-4801

CR2E037 (9/96)