FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39480 (1)

1. Corporation Name

THE RIVIERA AT CORAL LAKES CONDOMINIUM ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
13500 N KENDALL DR #140 MIAMI FL 33186 US	13500 N KENDALL DR STE - 140 MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1990
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0191028 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SKRLD INC
201 ALHAMORA CIR
STE - 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (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	TD ☒ Change ☐ Addition
NAME	DIAZ, HAYDEE	1.2 NAME	Diaz, Haydee
STREET ADDRESS	460 NW 86 PLACE	1.3 STREET ADDRESS	460 NW 86 Place, #2
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	VPD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	GONZALEZ, NORMA	2.2 NAME	Gonzalez, Norma
STREET ADDRESS	8650 NW 3 LANE #7	2.3 STREET ADDRESS	8650 NW 3 Lane #7
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SALADIN, ALBERT	3.2 NAME	
STREET ADDRESS	375 NW 86 COURT #8	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	VPD ☒ Change ☐ Addition
NAME	CASTILLO, FRANK	4.2 NAME	Castillo, Frank
STREET ADDRESS	8635 NW 3 LANE #8	4.3 STREET ADDRESS	8635 NW 3 Lane #8
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	HERNANDEZ, JAIME	5.2 NAME	
STREET ADDRESS	460 NW 86 PLACE #10	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Martinez, Marielena
STREET ADDRESS		6.3 STREET ADDRESS	8650 NW 3 Lane #6
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33126

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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