FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

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

1996 2-13-96 B 10116 C

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

3. Date Incorporated or Qualified: 08/13/1990
3a. Date of Last Report: 03/06/1995

2. Principal Place of Business	2a. Mailing Address
21 Courtesy Property Mngt.	26 Courtesy Property Mngt.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 9380 Sunset Dr. #B250	27 9380 Sunset Dr. #B250
City & State	City & State
23 Miami, Fl. 3317.	28 Miami, Fl. 33173
Zip / Country	Zip / Country
24 33173 / 25 USA	29 33173 / 30 USA

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

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 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 _____
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	TD	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	DIAZ, HAYDEE		12 NAME		
STREET ADDRESS	460 NW 86 PLACE		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, NORMA		22 NAME		
STREET ADDRESS	8650 NW 3 LANE #7		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	SALADIN, ALBERT		32 NAME	Vice-President/Secretary Director	
STREET ADDRESS	375 NW 86 COURT #8		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	CASTILLO, FRANK		42 NAME	Treasurer/Director	
STREET ADDRESS	8635 NW 3 LANE #8		43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, MARIELENA		52 NAME		
STREET ADDRESS	8650 NW 3 LANE #6		53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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)(k), 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: _____ 2/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #