

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 176355 (6)

1. Corporation Name
NEW RIVIERA HEALTH RESORT, INC.



Principal Place of Business: **6901 YUMURI ST CORAL GABLES FL 33146**
Mailing Address: **6901 YUMURI ST CORAL GABLES FL 33146**

3. Date Incorporated or Qualified: **12/04/1953**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-0703681** 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

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

9. Name and Address of Current Registered Agent

**ST. CLAIR, MICHAEL E.
6901 YUMURI ST.
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0507 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: _____

12. OFFICERS AND DIRECTORS

TITLE	VP	NAME	ST CLAIR, SHIRLEY H.	STREET ADDRESS	2512 NO. GREENWAY DR.	CITY, ST, ZIP	CORAL GABLES FL	<input type="checkbox"/> DELETE
TITLE	S	NAME	ST CLAIR, DAVID L.	STREET ADDRESS	920 MOCKING BIRD LANE	CITY, ST, ZIP	PLANTATION FL	<input type="checkbox"/> DELETE
TITLE	T	NAME	POLLOCK, SHARON S.	STREET ADDRESS	10705 S.W. 134 COURT	CITY, ST, ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	P	NAME	ST. CLAIR, MICHAEL E.	STREET ADDRESS	8520 S.W. 143RD ST.	CITY, ST, ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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)(a), 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: *Michael E. St. Clair*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 (305) 461-0078
DATE: _____ OFFICE PHONE: _____

CR2E034 (12/95)