

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 471299 (8)

1. Corporation Name
RIVERON MOTORS, INC.



Principal Place of Business 2161 NW 27TH AVE MIAMI FL 33142 US	Mailing Address 7115 SW 147 CT MIAMI FL 33193
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1975	
21	Suite, Apt. #, etc.	26	11311 N.W. 64 Terr.	4. FEI Number 59-1740902	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Miami, Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		30	U.S.A.		

9. Name and Address of Current Registered Agent

**RIVERON, VICTOR H.
7115 SW 147 CT
MIAMI, FL
33193**

10. Name and Address of New Registered Agent

81 Name **Riveron, Victor H.**
 82 Street Address (P.O. Box Number is Not Acceptable) **11311 N.W. 64 Terrace**
 83
 84 City **Miami** FL 85 Zip Code **33178**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIVERON, VICTOR H	
STREET ADDRESS	7115 SW 147 CT	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RIVERON, BEATRIZ I	
STREET ADDRESS	7115 SW 147 CT	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Riveron, Victor H.	
1.3 STREET ADDRESS	11311 N.W. 64 Terrace	
1.4 CITY-ST-ZIP	Miami, FL 33142	
2.1 TITLE	S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Riveron, Beatriz I.	
2.3 STREET ADDRESS	11311 N.W. 64 Terrace	
2.4 CITY-ST-ZIP	Miami, FL 33178	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, 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: *[Signature]* 11/15/08 (305) 418-4150

CR2E034 (10/97)