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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 661283

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APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RIVE GAUCHE SOUTHEASTERN, INC.) 	T FEBRUA THE THE THE HOUR WHICH HAND THE THE THE THE THE THE THE THE		
Principal Place of Business Mailing Address 11098 BISCAYNE BLVD SUITE #402 11098 BISCAYNE BLVD 3 NORTH MIAMI FL 33161 NORTH MIAMI FL 33161-7				1 (1) 1 1 1 1 1 1 1 1 1			
				3. Date Incorp 03/18/19		3a. Date of Last Report 07/17/1996	
2. Principal P	Pace of Business	2a. Mailing Address		4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For	
21		26		59-1983	777	Not Applicable	
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
City & Stat	to	City & State			mpaign Financing	\$5.00 May Be	
23 Z _D	Country	28 Zip	Country		Contribution [
24	25	29	30	Florida Stati		ngible tax under s. 199.032, es	
[27]	9. Name and Address of Currer		1301		Address of New Regist		
BEC	DZOW, MICHAEL, ESQ.		81 Nam	ne			
208	03 BISCAYNE BLVD		82 Stre	et Address (P.O. Box Nun	ber is Not Acceptable)		
	TTE 200						
AVE	ENTURA FL 33180		83				
			84 City	- 1751		85 Zip Code	
	40, 00, 00, 00	00 007 4600 Firstle Oral				FL S Exp cooc	
office or i	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the oblig	iz and 607, 1508, Florida Statu of Florida, Such change was	ites, the above-hame authorized by the c	ed corporation submits the orporation's board of dire	s statement for the purp ctors. I hereby accept th	ne appointment as registered	
	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statutes.				
SIGNATURI	Signature: type dior jainted name of registered age	ent and little if applicable (NC	TE Registered Agent signa	ture required when reinstating)		DATE	
12.		D DIRECTORS	13.		CHANGES TO OFFICER	S AND DIRECTORS IN 12	
HELF	PTD	☐ DELETE	1.1 TITLE			Change Addition	
NAME	BEDZOW, CHARLES		1.2 NAME		1000216	335431	
STREET ADDRESS	11098 BISCAYNE BLVD #402		1.3 STREET ADDRES	is	-05/19/97	33 54 31 01141013	
CHY-S1-ZIP	NORTH MIAMI FL		1.4 CITY-ST-ZIP		****165.	00 ****165.00	
MLE	VSD	DELETE	2.1 TITLE			Change Addition	
HAMI	BEDZOW, SARA		2.2 NAME			j	
STREET ADDRESS	11098 BISCAYNE BLVD #402		2.3 STREET ADDRES	S			
THE	NORTH MIAMI FL	DELETE	2 4 CITY-ST-ZIP 3 1 TiTLE			Change Addition	
NAME	SHAPIRO, HOWARD	Fill Street	3.2 NAME			Change Changings	
STREET ADDRESS	11098 BISCAYNE BLVD #402		3.3 STREET ADDRES	28		·	
CiTy ST-ZiP	NORTH MIAMI FL		3.4. CITY-ST-ZIP	8			
THE	ASO	DELETE	4 1 TITLE			Change Addition	
NAME	SHAPIRO, HOWARD		4. 2 NAME -			·	
STREET ADDRESS	11098 BISCAYNE BLVD #402		4.3 STREET ADDRES	s			
CITY-ST-7 P	NORTH MIAMI FL		4.4 CITY - ST- ZIP				
Tati,		DELETE	5 1 TITLE			Change Addition	
NAME			52 NAME		Λ		
STEVET ADDRESS			5 3 STREET ADDRES	s	a.cuar 6/15	<i>)</i>	
C(1) - 5" 7IP			5.4 CITY - ST - ZIP		1,WW		
THEE		DELETE	6.1 TITLE		111	Change Addition	
hAVt			62 NAME		6113	19 (
SIREET ADDRESS			6.3 STREFT ADDRES	SS .	20	t c	
CITY \$1-769	1		6.4 CITY-ST-ZIP	1			

14. If 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 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

3/6/47

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