

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL -3 AM 8:35

DOCUMENT # 687831 (8)

1. Corporation Name
RIVERA RITZ, INC.

Principal Place of Business Mailing Address
2441 BEACH COURT C/O DONALD RITZ RIVERA BEACH FL 33404 **2441 BEACH COURT C/O DONALD RITZ RIVERA BEACH FL 33404**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/16/1980	06/23/1994
22 State Apt # etc		27 State Apt # etc		4. FEI Number	Applied For / Not Applicable
23 City & State		28 City & State		59-2028140	
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		7. <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RITZ, DONALD 2441 BEACH COURT RIVERA BEACH FL 33404				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	City	85	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITZ, DONALD	1.2 NAME	
STREET ADDRESS	14110 LEEWARD WAY	1.3 STREET ADDRESS	
CITY, ST, ZIP	JUNO BCH. FL	1.4 CITY, ST, ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITZ, MARILYN A	2.2 NAME	
STREET ADDRESS	14110 LEEWARD WAY	2.3 STREET ADDRESS	
CITY, ST, ZIP	JUNO BCH. FL	2.4 CITY, ST, ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITZ, DONALD JR.	3.2 NAME	
STREET ADDRESS	4655 ARTHUR STREET	3.3 STREET ADDRESS	
CITY, ST, ZIP	PALM BEACH GARDENS FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information submitted 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 submitted 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with my address.

SIGNATURE: *[Signature]* DATE: 6-27-95
 POSITION AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR: *Donald Ritz*
 407 725 3259
 See trace

CR2E034 (3/95)