FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **710349** **(2)**

1. Corporation Name
THE RIVERIA CONDOMINIUM APARTMENTS, INC.

Principal Place of Business	Mailing Address
1150 N.E. 191ST STREET BUILDING C NORTH MIAMI BEACH FL 33179-1033 40 53.	1150 N.E. 191ST STREET BUILDING C NORTH MIAMI BEACH FL 33179-1033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1146046 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WOODS, JAMES
1100 N.E. 191 ST.
NO. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: SEYMOUR SORIN
82 Street Address (P.O. Box Number is Not Acceptable): 1170 N.E.191 St A-32
83
84 City: North Miami Beach **FL** 85 Zip Code: 33179

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 _____ DATE 2-21-1995
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	SD	1.1 TITLE	SD ☐ Change ☐ Addition
NAME	SLESINGER, MARY	1.2 NAME	SLESINGER, MARY E.
STREET ADDRESS	1170 NE 191 ST.	1.3 STREET ADDRESS	1170 N.E.191 St A-21
CITY-ST-ZIP	N. MIAMI BCH. FL	1.4 CITY-ST-ZIP	No.Miami Bch Fla. 33179-4033
TITLE	PD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	WOOD, JAMES	2.2 NAME	SEYMOUR SORIN
STREET ADDRESS	110 NE 191 ST.	2.3 STREET ADDRESS	1170 N.E.191 St. A=32
CITY-ST-ZIP	N. MIAMI BCH. FL	2.4 CITY-ST-ZIP	No.Miami Bch Fla. 33179-4033
TITLE	TD	3.1 TITLE	TD ☐ Change ☐ Addition
NAME	MCMAKIN, MARION	3.2 NAME	MARIAN McMAKIN
STREET ADDRESS	1100 NE 191ST ST	3.3 STREET ADDRESS	1100 N.E.191 St. E21
CITY-ST-ZIP	N MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	No.Miami bch fla. 33179
TITLE	VPD	4.1 TITLE	VPD ☒ Change ☐ Addition
NAME	SEYMOUR, SORIN	4.2 NAME	MARTIN GOREN
STREET ADDRESS	1170 NE 191 ST.	4.3 STREET ADDRESS	1140 N.E.191 St D-32
CITY-ST-ZIP	N. MIAMI BCH. FL	4.4 CITY-ST-ZIP	No.Miami Bch Fla. 33179
TITLE	VP	5.1 TITLE	VP ☒ Addition
NAME	RAMIREZ, ANTHONY	5.2 NAME	SHIRLEY LUBER
STREET ADDRESS	1100 NE 191ST ST.	5.3 STREET ADDRESS	1160 NE 191 St B-34
CITY-ST-ZIP	N MIAMI BCH, FL 00000	5.4 CITY-ST-ZIP	No.Miami Bch 33179
TITLE	VP	6.1 TITLE	FS ☐ Addition
NAME	WATSON, JOSELYN	6.2 NAME	Mildred Manzo
STREET ADDRESS	1140 NE 191 ST	6.3 STREET ADDRESS	1170 N.E.191 St A-24
CITY-ST-ZIP	N MIAMI BCH FL	6.4 CITY-ST-ZIP	N.Miami Bch Fl 33179

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the ex certify that the information indicated on this annual report or supplemental annual report is true and accurate and th oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E. Slesinger Reig 2/28/95 305-949-3284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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