

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 2-9-96 B. 905 C

DOCUMENT # 748839 (8)

1. Corporation Name
RIVIERA VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1220-71ST ST. MIAMI BEACH FL 33141
Mailing Address: 7098 BONITA DRIVE MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 09/10/1979
3a. Date of Last Report: 09/11/1995

2. Principal Place of Business: 21 1220 71ST ST. Suite, Apt. #, etc. 22 BOX 1 City & State 23 MIAMI BEACH Zip 24 FLA. Country 25 Country 29 USA

4. FEI Number: 59-0552071 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

9. Name and Address of Current Registered Agent
DELGADO, ESTELA
1220-71ST ST.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLOGNEZ, JACKIE	1.2 NAME	
STREET ADDRESS	1220-71ST ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGINA, JOSE	2.2 NAME	
STREET ADDRESS	1220-71ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, ESTELA	3.2 NAME	
STREET ADDRESS	1220-71ST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE, NEYSA	4.2 NAME	
STREET ADDRESS	1220-71ST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCOBER, NERY	5.2 NAME	
STREET ADDRESS	1220-71ST ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] J/P 2/1/96 305 866 5958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)