FILED

03-09-1999 90084 036 ***158.75

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F86906

1. Corporation Name

RIVIERA REALTY, INC.

HIVIEHA HEALTY, INC.				
Principal Place of Business	Mailing Address			i 100:100 (101) Ello Brillo Brillo 1011; Botto Bill Brott Brott Brott Brott Arbit Arbit
% NICOLE A COUSSIEU 311 SE 25TH AVENUE FT LAUDERDALE FL 33301	% NICOLE A COUSSIEU 311 SE 25TH AVENUE FT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 06/23/1982
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21	26			59-2204937 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 25		untry		8. This corporation owes the current year Intangible Personal Property Tax. Yes
	f Current Registered Agent			10. Name and Address of New Registered Agent
		81	Name	
COUSSIEU, NICOLE A 311 SE 25TH AVENUE		82	Street Addres	s (P.O. Box Number is Not Acceptable)
FT LAUDERDALE FL		83	-	
		84	1	FL 85 Zip Code
11. Pursuant to the provisions of Sections	607.0502 and 607.1508, Florida Statutes, the	above	e-named corporation	ation submits this statement for the purpose of changing its registered

ng its registered as registered office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	COUSSIEU, NICOLE A.	1.2 NAME				
STREET ADDRESS	311 SE 25TH AVE	1.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE, FL 0	1.4 CITY-ST-ZIP				
TITLE	☐ DÉLETE	2.1 TITLE	Change Addition			
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2.4 CITY-ST-ZIP				
TITLE	DELETE	3.1 TITLE	Change Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS	·			
CITY-ST-ZIP		3,4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	□ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME		6.2 NAME	[
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		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 or 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, with all other like empowered.

SIGNATURE: