FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF	CORPOR	RATIO	48					
DOCUN 1. Corporation	MENT # G735	557 (2)								
RIVERT	TON ASSOCIATES INC.									
,								HARI ANDR ANDH	DIAHI 11301 1831	
Principal Place of Business		Mailing Address								
1514 WHITEHALL DR #303		1514 WHITEHALL DR #303								
PLANTATION		PLANTATION FL 3332								
						3. Date Incorporated or Qualified	3a. D	ate of Last Re	eport	٦
a Divis 100			A McDay Add			12/08/1983		04/04/1995		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 59-2373264		<u> </u>	Applied For Not Applicable	4
Suite, Apt. #, etc.		Suite. Apt. #, etc.							Add tional	\dashv
22		27				5. Certificate of Status Desired		•	Required	
City & State		<u>⊢</u>	City & State			6. Election Campaign Financing			May Be	Ì
Zip	Country	Zip	Col	untry		Trust Fund Contribution 8. This corporation has liability for			199 032	-
24	25	29	30			1	cN [Time Bridge B	150.002	
	g. Name and Address of Curi	rent Registered Agent				10. Name and Address of New F	legistere	d Agent		7
LITT ICO	WV DD			81	Name					ŀ
HITHERSAY, B.R. 1514 WHITEHALL DR				82	Street Add	ress (P.O. Box Number is Not Acceptable)				
#303	IIIENNAL DA			83						\dashv
	TION FL 33324			84	City			ar 7i-	Code	-
					•		F		o Code	
 11. Pursuant to or registere 	o the provisions of Sections 607.05 ad agent, or both, in the State of Fil	502 and 607,1508, Florida Statut onda: Such change was authoriz	es, the abo	ove-na	med corporation's boar	ration submits this statement for the pur rd of directors. Thereby accept the app	rpose of o	changing its reastred	agistered office	3
ramıllar witi	h, and accept the obligations of. Se	ection 607.0505, Florida Statutes	,	•		, , , , , , , , , , , , , , , , , , , ,			-3	
SIGNATURE	Signal use typed or pointed name of registerest σ_0	port and title it agree with the CNF	PE for judens	d Agest s	 agnature r qure	od when reinstatorgi	 DATÈ			
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFF	ICERS A	ND DIRECTO	RS IN 12	_}%
TITLE	PD DELETE		I 1 TITLE					Change	☐ Addition	CR2E034 (12/95)
NAME STREET ADDRESS	HITHERSAY, BARRY 1514 WHITEHALL DR.,#30	٥		IAME TOTAL A	Digital Co.					88
CITY-ST ZIP	PLANTATION FL	S		1.3 STREE! AODRESS 1.4 City - \$1 - Zip						ZE
TITLE	DS	DEFFIE						Change	Addition	⊣ხ
NAME	HITHERSAY, JUNE	HITHERSAY, JUNE		IAME						
STREET ADDRESS	1514 WHITEHALL DR #303	3	235	STREET A	DDRESS					
CITY - ST - ZIP TITLE	PLANTATION FL	DELETE	24CTY ST ZIF 3 1 TITLE		Zif			Chenan		4
NAME			3 2 NAME					Change	Addition	
STREET ADDRESS				STREET A	DORESS					
City+ST-ZIP				:17 - Sf -	1					İ
TIFLE		☐ DELETE	4 1 1	TITLE				☐ Change	Addition	
NAME			4 2 N							
STREET ADDRESS				TREET A	- 1					
CHTY-ST-ZIP TITLE	DELETE		4.4 C	III - SI - IIII E	ZIF			Change	Addition	4
NAME		o.c., /c	52 N/					Ell cuarge		
STREET ADDRESS				JREET A	ODRESS					
CITY-ST-ZIP			540	ITY-SI-	ZIP					
TITLE		☐ DETETE	□ DELETE 6 11					☐ Change	Addition	1
NAME STOREL ADDRESS			62 N		2000.00					
STREET ADDRESS CITY-ST-ZIP				TREFT AL						
	certify that the information supplie	d with this filing is voluntarily furn	shed and	does	or I not qualify f	or the exemption stated in Section 119	07(3)(k),	Florida Statute	es. I further	\dashv

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 early, that I am an officer or director of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes are alternative with an address

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X. A/6/96

305-324-2566 Elaytime Priorie #