

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G95583** (2)

1. Corporation Name  
**L. RIVERA GARDENS, INC.**



Principal Place of Business: **% LUIS RIVERA 19124 N.W. 48TH AVENUE MIAMI FL 33055**  
Mailing Address: **C/O LUIS RIVERA 4901 SW 178TH AVE DAVIE FL 33331-1145 US**

2. Principal Place of Business: **4901 SW 178TH AVE**  
2a. Mailing Address: **4901 SW 178TH AVE**  
21. Subst. Apt. #, etc.  
22. City & State: **DAVIE**  
23. Zip: **33331** Country: **FLORIDA**  
24. Zip: **33331** 25. **BROWARD** 29. Country: **US** 30.

3. Date Incorporated or Qualified: **04/10/1984** 3a. Date of Last Report: **01/26/1995**  
4. FEI Number: **59-2382306** 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  
**RIVERA, LUIS  
19124 N.W. 48TH AVENUE  
MIAMI FL 33055**

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

11. Pursuant to the provisions of Sections 607.0509 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature must be personal or that of a duly authorized officer, director, or registered agent. Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

1. TITLE: <b>PD</b>	NAME: <b>RIVERA, ROSA ISABEL</b>	STREET ADDRESS: <b>4901 SW 178TH AVE</b>	CITY-ST-ZIP: <b>DAVIE FL</b>	<input type="checkbox"/> DELETE
2. TITLE: <b>STD</b>	NAME: <b>RIVERA, LUIS</b>	STREET ADDRESS: <b>19124 N.W. 48TH AVENUE</b>	CITY-ST-ZIP: <b>MIAMI FL</b>	<input type="checkbox"/> DELETE
3. TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
4. TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
5. TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:	1.2 NAME:	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE:	2.2 NAME:	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE:	3.2 NAME:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE:	4.2 NAME:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	5.2 NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(d), 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 in an attachment with an address.

SIGNATURE: *Luis Rivera - Luis Rivera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-18-96**  
Date of Filing

CR2E034 (12/95)