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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M21816** (7)

1. Corporation Name
J & R RIVERS, INC.

Principal Place of Business	Mailing Address
1420 S.E. BAYSHORE DR., #507 MIAMI FL 33131 US	1420 S.E. BAYSHORE DR., #507 MIAMI FL 33131-3627 US

3. Date Incorporated or Qualified: 10/10/1985
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business	2a. Mailing Address
21 1420 Brickell Bay Dr	26 1420 Brickell Bay Dr
Suite, Apt. #, etc. 22 507	Suite, Apt. #, etc. 27 507
City & State 23 Miami FL	City & State 28 Miami FL
Zip / Country 24 33131-3627 / 25 USA	Zip / Country 29 33131-3627 / 30 USA

4. FEI Number: 59-2595488 ☐ 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
DE LOS RIOS, JOSEPH M.
1420 SE BAYSHORE DRIVE.
APT. 507
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1420 Brickell Bay Dr
83
84 City: **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DE LOS RIOS, JOSEPH M. 1420 SE BAYSHORE DR.#507 MIAMI FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1420 Brickell Bay Dr #507
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DE LOS RIOS, TERESA 1420 SE BAYSHORE DR.#507 MIAMI FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 1420 Brickell Bay Drive #507
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DE LOS RIOS, RAFAEL APTDO. 6142 (CARMELITAS) CARACAS, VENEZUELA ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] JOSEPH M. DE LOS RIOS 4.17.97 305-381.8875