


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003893 (4)**

1. Corporation Name

**RIOS DE AGUA VIVA, INC.**



Principal Place of Business <b>5610 HANLEY ROAD SUITE 113 TAMPA FL 33634</b>	Mailing Address <b>P.O. BOX 261714 TAMPA FL 33685</b>
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3. Date Incorporated or Qualified <b>08/09/1994</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3295010</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>CHURCH</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>GONZALEZ, SERGIO T 4934 HALIFAX DRIVE TAMPA FL 33615</b>	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b>
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 *Sergio T. Gonzalez* **Sergio T. Gonzalez** **8-7-98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GONZALEZ, SERGIO T</b>		1.2 NAME <b>Gonzalez, Sergio T.</b>	
STREET ADDRESS <b>4934 HALIFAX DRIVE</b>		1.3 STREET ADDRESS <b>4934 HALIFAX DRIVE</b>	
CITY-ST-ZIP <b>TAMPA FL 33615</b>		1.4 CITY-ST-ZIP <b>TAMPA FLA. 33615</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LICONA, HECTOR</b>		2.2 NAME <b>GONZALEZ, Luis M.</b>	
STREET ADDRESS <b>4210 PALMIRA STREET</b>		2.3 STREET ADDRESS <b>6711 HIDDEN HILLS CT.</b>	
CITY-ST-ZIP <b>TAMPA FL 33629</b>		2.4 CITY-ST-ZIP <b>TAMPA FLA. 33615</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>T.D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LICONA, MARION</b>		3.2 NAME <b>GONZALEZ, FERRIS P.</b>	
STREET ADDRESS <b>4210 PALMIRA STREET</b>		3.3 STREET ADDRESS <b>4934 HALIFAX DRIVE</b>	
CITY-ST-ZIP <b>TAMPA FL 33629</b>		3.4 CITY-ST-ZIP <b>TAMPA FLA. 33615</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sergio T. Gonzalez* **Sergio T. Gonzalez** **8-7-98** **813-417-0254**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)