2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000026877

Title:

Name: Address:

City-St-Zip:

FILED Oct 20, 2004 Secretary of State

Entity Name: LA RIVIERA-USA, INC. **Current Principal Place of Business: New Principal Place of Business:** 9501 ARLINGTON EXPWY JACKSONVILLE, FL 32225 **Current Mailing Address: New Mailing Address:** 9501 ARLINGTON EXPWY JACKSONVILLE, FL 32225 FEI Number: 76-0727010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANTIAGO, AUGUSTO F VILCHEZ, FEDERICO A 25 SE 2ND AVE STE 714 1385 BROOKWOOD FOREST BLVD MIAMI, FL 33131 302 JACKSONVILLE, FL 32225 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: FEDERICO VILCHEZ 10/20/2004 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition VILCHEZ, FEDERICO A Name: Name: 1385 BROOKWOOD FOREST BLVD APT 302 Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SANTIAGO, AUGUSTO F Name: 25 SE 2ND AVE STE 714 Address: Address: MIAMI, FL 33131 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition VILCHEZ, FEDERICO A Name: Name: 1385 BROOKWOOD FOREST BLVD APT 302 Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: FEDERICO VILCHEZ 10/20/2004

() Delete

1385 BROOKWOOD FOREST BLVD APT 302

VALLADARES, OLGA D

JACKSONVILLE, FL 32225

() Change () Addition