

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000003364 (6)**

1. Corporation Name

**RIVERO AND ASSOCIATES, MORTGAGE, INVESTMENT & REALTY, INC.**



Principal Place of Business

Mailing Address

8824 CORAL WAY  
SUITE B  
MIAMI FL 33165

8824 CORAL WAY  
SUITE B  
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Organized

3a. Date of Last Report

11/10/1992

05/01/1995

4. FEI Number

Applied For  
Not Applicable

65-0370850

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. 190.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

81 Name **Nestor G. Rivero**  
82 Street Address (P.O. Box Number is Not Acceptable) **8824 Coral Way.**  
83  
84 City **Miami** FL 85 Zip Code **33165**

11. Pursuant to the provisions of Sections 607.06007 and 607.15007, 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 agree to the provisions of Section 607.06007, Florida Statutes.

SIGNATURE

*Marta C. Rivero Pres.* **MARTA C. RIVERO**

**4-8-96.**

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	RIVERO, MARTA C	
3. STREET ADDRESS	8824 CORAL WAY SUITE B	
4. CITY, ST, ZIP	MIAMI FL 33165	
5. TITLE	Secretary	<input type="checkbox"/> DELETE
6. NAME	Nestor Rivero	
7. STREET ADDRESS	8824 Coral Way	
8. CITY, ST, ZIP	MIAMI FL 33165	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		
21. TITLE		<input type="checkbox"/> DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status in Section 119.07(3)(a), 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 for the year or biennial period covered by this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or corrected with an address.

SIGNATURE *Marta C. Rivero Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-96 (305) 225-2482.**

CR2E034 (12/95)