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PROFIT CORPORATION ANNUAL REPORT

.1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 27 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000002515 (3)

2401 RIVIERA CORP. Principal Place of Business Mailing Address 7251 W. PALMETTO PARK RD 7251 W. PALMETTO PARK RD #200 #200 **BOCA RATON FL 33433** BOCA RATON FL 33433-3499 3a. Date of Last Report Date Incorporated or Qualified 01/12/1993 04/19/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0396666 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Žιρ Country This corporation has liability for intangible tax under s. 199.032, 24 25 🔀 Yes 🔲 No 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FEDLMAN, DAVID 81 Name **407 LINCOLN RD** Street Address (P.O. Box Number is Not Acceptable) 82 PH NE 83 MIAMI BEACH FL 33139 84 City Zip Code 85 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** Signature, typed or printed name of registrated agent and title if applicable (NOTE_flegistered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change 1.1 TITLE PERETZ, DAVID NAME 1.2 NAME 2401 COLLINS AVE #C3 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE ☐ Change PERETZ. SILVIA NAME 2.2 NAME 2401 COLLINS AVE #C3 STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIF 2. 4 City-St-7IP DELETE TITLE 3.1 TITLE ☐ Change ■ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Addition 600002203436 -06/05/97--01121--004 NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS ***165.00

64 CITY-ST-ZIP 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 chapted, or on an attachment with an address.

CNUTZ.