

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 PH 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000032718 (7)**

1. Corporation Name  
**RIVERO & DOLAN, P.A.**

Principal Place of Business	Mailing Address
8910 MIRAMAR PARKWAY STE - 308 MIRAMAR FL 33025 US	8901 MIRAMAR PARKWAY STE - 308 MIRAMAR FL 33025 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Changed	3a. Date of Last Report
05/03/1993	05/01/1994
4. FEI Number	Applied For
65-0412340	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. ZIP	28. ZIP
24. COUNTRY	29. COUNTRY
30. COUNTRY	30. COUNTRY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOLAN, JUDITH A  
8910 MIRAMAR PARKWAY  
STE - 308  
MIRAMAR FL 33025

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Accepted)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0602 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 this 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 607.0605, Florida Statutes.

SIGNATURE: *Judith A. Dolan, Vice President* *Judith A. Dolan* *4/26/95*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	RIVERO, MARY JO
STREET ADDRESS	8910 MIRAMAR PKWY / STE - 308
CITY, STATE, ZIP	MIRAMAR FL
TITLE	DVP
NAME	DOLAN, JUDITH A
STREET ADDRESS	8910 MIRAMAR PKWY / STE - 308
CITY, STATE, ZIP	MIRAMAR FL
TITLE	DST
NAME	ALBA, KEYLA
STREET ADDRESS	8910 MIRAMAR PKWY / STE - 308
CITY, STATE, ZIP	MIRAMAR FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

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

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it equally for the corporation stated in Sections 607.0602, 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 agent or registered representative by name on this report as required by Chapter 607, Florida Statutes, and that my name appears on the F-12 or F-13 of this report, or on an alternate form with an address.

SIGNATURE: *Judith A. Dolan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Judith A. Dolan*

4/26/95 (305)433-5292