FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:00

DOCUMENT # P93000065813 (6)

1. Corporation Name
RIVER GOLD GROUP, INC.

Principal Place of Business	Mailing Address
1661 - 1665 NW 79TH AVE MIAMI FL 33126 US	1661 - 1665 NW 79TH AVE MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1993	3a. Date of Last Report: 02/09/1994
4. FEI Number: 65-0437787	☐ Applied For ☐ Not Applicable
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. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 3037 NW 82nd AVE	26 3037 NW 82nd AVE
Suite, Apt. #, etc. 22 MIAMI FL	Suite, Apt. #, etc. 27 MIAMI FL
City & State 23	City & State 28
Zip 24 33122 Country 25 U.S.A	Zip 29 33122 Country 30 U.S.A

9. Name and Address of Current Registered Agent

MERKIN, STEWART A
444 BRICKELL AVE
RIVERGATE PLAZA SUITE 300
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	AZRAN, RAPHAEL	1.2 NAME	AZRAN, RAPHAEL
STREET ADDRESS	1661 - 1665 NW 79TH AVE	1.3 STREET ADDRESS	3037 NW 82nd Ave
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33180
TITLE	D	2.1 TITLE	D ☑ Change ☐ Addition
NAME	AZRAN, GAD	2.2 NAME	AZRAN, GAD
STREET ADDRESS	1661 - 1665 NW 79TH AVE	2.3 STREET ADDRESS	3037 NW 82nd Ave.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33180
TITLE	D	3.1 TITLE	D ☑ Change ☐ Addition
NAME	AZRAN, ALAIN	3.2 NAME	AZRAN, ALAIN
STREET ADDRESS	1661 - 1665 NW 79TH AVE	3.3 STREET ADDRESS	3037 NW 82nd Ave
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33180.
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 changed, or on an attachment with an address.

SIGNATURE: _____ 01/26/95 (305)594.3737
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0437787 FP