

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000081512 (4)

1. Corporation Name

RIVEIRO INSURANCE, INC.



Principal Place of Business

1500 UNIVERSITY DRIVE  
SUITE 104  
CORAL SPRINGS FL 33071

Mailing Address

1500 UNIVERSITY DRIVE  
SUITE 104  
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified  
11/29/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0450924

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

9. Name and Address of Current Registered Agent

RIVEIRO, DEREK T  
1500 UNIVERSITY DR  
SUITE 104  
CORAL SPRINGS FL 33071

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

Signature, typed or printed name of registered agent (if that is applicable)

(NOTE: Registered Agent's signature is required for this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RIVEIRO, EDDIE C.  
STREET ADDRESS 1500 UNIVERSITY DR., SUITE 104  
CITY-ST-ZIP CORAL SPGS. FL

DELETE

TITLE VS  
NAME RIVEIRO, DEREK T  
STREET ADDRESS 1500 UNIVERSITY DR SUITE 104  
CITY-ST-ZIP CORAL SPRINGS FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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:

Signature and typed or printed name of signing officer or director

4-1-96

954-752-2234

Cap

Display Phone

CR2E034 (12/95)