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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000013670

 Corporation 	n Name	0.00.0		ì			
RIVERSIDE GROUP ENTERPRISES, INC.							
							19): 19): 1 1 1:
		_					
Principal Place	of Business	Mailing Address		1 1001:00 110 1011 5121 0511 00	***************************************		
6789 W. FLAGLER ST. 2901 LE JUENE RD							
MIAMI FL 33144 202			DO NOT WRITE IN THIS SPACE				
CORAL GABLES FL 33134			3. Date Incorporated or Qualifed .				
		00		02/18/1994		•	
2. Principal Pla	lace of Business	2a. Mailing Address		4. FEI Number	:	App	lied For
21		26 2121 PONCE OF LEDN RIVD		65-0507889		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	×	\$8.75 A	dditional
22		27 STE #72	? /	5. Certificate of Status Desired		Fee Rec	uired
City & State	9	City & State		6. Election Campaign Financing		\$5.00 h	, ,
23		28 CORAL GAB		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the curre			
24	25	29 <i>33134</i> 3	0	Personal Property Tax.			□No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New F	tegistered Ag	ent	
VEG	A, ALBERT		of Name				
	LE JUENE RD		82 Street Addre	ess (P.O. Box Number is Not Accepted PONCE DE LEDA	ible) Βυνδ		
202			0.3		<u>DEVE</u>		
COR	AL GABLES FL 33134		Suiti				
	,	$\overline{}$	84 City LOR	al Gables	FL	85 Zp.C 33)34/
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1808, Florida Statutes	, the above-named corpo	oration submits this statement for the	purpose of ch	anging its r	egistered
office or re	egistered agent, or both, in the State of	of Florida. Such change was auti	horized by the corporation	in's board of directors, I nereby accep	or the appointment	neni as reg	listered
agent, Lar	m familiar with, and acceptable obligat	tions #7. Section 607.0505, Florid	la Statutes.		/ _	/ ~	
i	m familiar with, appraccept the obligat	tions of, Section 607.0505, Florid	la Statutes.		2/19/	199	
SIGNATURE	Signature, speed of printed name of registered agent	and little if applicable. (NOTE: Ro	egistered Agent signature required	I when reinstating)	BATE	9/	
SIGNATURE	Signature of princed name of registerer agent	and title if applicable. (NOTE: RID DIRECTORS	egistered Agent signature required		BATE FICERS AND	DIRECTOR	
SIGNATURE 12. TITLE	Singular operar printed name of regular agent OFFICERS AND	and little if applicable. (NOTE: Ro	egistered Agent signature required 13. 1.1 TITLE	I when reinstating)	BATE FICERS AND	9/	
SIGNATURE 12. TITLE NAME	Structure report of printed name of regularization of P VEGA, ALBERTO P	and title if applicable. (NOTE: RID DIRECTORS	egistered Agent signature required 13. 1.1 TITLE 1.2 NAME	I when reinstating)	BATE FICERS AND	DIRECTOR	
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND VEGA, ALBERTO P 8550 S.W. 27 LN.	and title if applicable. (NOTE: RID DIRECTORS	egistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	I when reinstating)	BATE FICERS AND	DIRECTOR	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEGA, ALBERTO P 8550 S.W. 27 LN. MIAMI FL 33155	f and title if applicable. (NOTE: RID DIRECTORS ☐ DELETE	egistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	I when reinstating)	BATE FICERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE	P VEGA, ALBERTO P 8550 S.W. 27 LN. MIAMI FL 33155 VPST	and title if applicable. (NOTE: RID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE	I when reinstating)	BATE FICERS AND	DIRECTOR	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P VEGA, ALBERTO P 8550 S.W. 27 LN. MIAMI FL 33155 VPST VEGA, MARISOL	f and title if applicable. (NOTE: RID DIRECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	I when reinstating)	BATE FICERS AND	DIRECTOR Change	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEGA, ALBERTO P 8550 S.W. 27 LN. MIAMI FL 33155 VPST VEGA, MARISOL	And title of applicable. (NOTE: RI) D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	I when reinstating)	BATE FICERS AND	DIRECTOR Change	RS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with the 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 another people 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed or on an apachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR