

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

APPROVED
AND
FILED

DOCUMENT # **P94000030505 (9)**

95 JUN 27 PM 1:46

1. Corporation Name

AMERICAN RIVIERA SOUTH II, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**C/O 1401 BRICKELL AVE. SUITE 700
MIAMI FL 33131**

**C/O 1401 BRICKELL AVE. SUITE 700
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/21/1994** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **100 SE 2nd St**

26 **100 SE 2nd St.**

4. FEA Number **Applied for** Applied For Not Applicable

22 **28 floor**

27 **28 floor**

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 **miami, fl**

28 **miami, fl**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 **33131** 25 **US**

29 **33131** 30 **US**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KTG&S REGISTERED AGENT CORP.
1401 BRICKELL AVENUE
SUITE 700
MIAMI FL 33131**

B1 Name **KTG&S Registered Agent Corp.**
B2 Street Address (P.O. Box Number is Not Acceptable) **100 SE 2nd St.**
B3 **28 floor**
B4 City **miami** FL B5 Zip Code **33131**

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 **Marc Overbach** **MARC OVERBACH, Pres.** **KTG&S Registered Agent Corp.** **6/26/95**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required wherever stated) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D/P/S/T**
NAME **LYONS, MICHAEL D** **2800**
STREET ADDRESS **C/O 100 S.E. 2ND ST., SUITE 0000**
CITY - ST - ZIP **MIAMI FL 33131**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE **400001526874**
2.2 NAME **-06/29/95-01036-016**
2.3 STREET ADDRESS *****2025.00 ****225.00**
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 person or trustee empowered to execute the 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: **Michael D. Lyons, Pres.** **6/26/95 (416) 486-4491**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #