

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

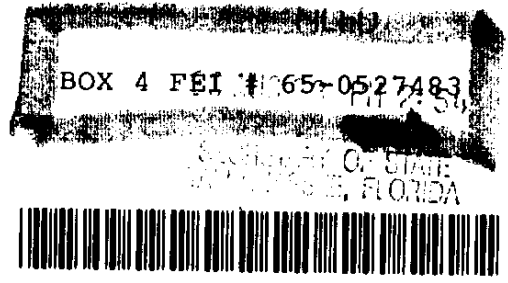
DOCUMENT # P94000030505 (9)
 4. Corporation Name

AMERICAN RIVIERA SOUTH II, INC.

Principal Place of Business Mailing Address

100 SE 2ND ST
 28 FLOOR
 MIAMI FL 33131

100 SE 2ND ST
 28 FLOOR
 MIAMI FL 33131



| | |
|--------------------------------|-----------------------|
| 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 |
| 25 | 30 |

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 04/21/1994 | 06/27/1995 |
| 4. FEI Number | Applied For |
| APPLIED FOR SEE ABOVE | 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 s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| KTG&S REGISTERED AGENT CORP. 100 SE 2ND ST 28 FLOOR MIAMI FL 33131 | 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 and title if applicable (NOTE: Registered Agent signature required when re-issuing) DATE _____

| | | | |
|----------------------------|---------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DELETE <input type="checkbox"/> | 11 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | 12 NAME | |
| STREET ADDRESS | | 13 STREET ADDRESS | |
| CITY - ST - ZIP | | 14 CITY - ST - ZIP | |
| TITLE | DELETE <input type="checkbox"/> | 21 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | 22 NAME | 200001938442 |
| STREET ADDRESS | | 23 STREET ADDRESS | -09/04/96--01109--018 |
| CITY - ST - ZIP | | 24 CITY - ST - ZIP | ****225.00 ****225.00 |
| TITLE | DELETE <input type="checkbox"/> | 31 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE | DELETE <input type="checkbox"/> | 41 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | DELETE <input type="checkbox"/> | 51 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | DELETE <input type="checkbox"/> | 61 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* MICHAEL D LYONS *[Signature]* 8-23-96 905-683-3210
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)