			•••			· · · · · · ·		• •
SECOND N AMOUNT DUE	OTICE: CORPOR/ ON OR BEFORE 9/	TION WILL BE DISS 17/97: \$550 (IF DISSOL)	OLVED ON OR AFTER S VED, MINIMUM AMOUNT	SEPTEME DUE TO RI	BER 17, 1997. Einstate: \$750.)		\sim
COF	PROFIT RPORATION		FLORIDA DEPA	RTMENT				(1)
ANNI			7	ary of Stat				•
	<u>1997</u>	A SOLVE LEEL			ATIONS	FILED		
	MENT #	P940000)33576 (7))		97 JUL 23 PM 1: 14		
RIVIER	a, inc.				ſ	ALLAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAH		
					1			
Principal Plac	e of Business		Mailing Address			\$ FEOIDED! IID HILL BIBIT OOVII OE8! O	NYY NATAN TITAT ULAN' MALAN DOG	0 0 134 1 00 1
330 SUITE 104	AVE		380 GRECO AVENUE SUITE 104					
CORAL GABL	ORAL GABLES FL 33146 CORAL GABLES FL			46			IN THIS SPACE	
US			U\$			3. Date Incorporated or Qualified 05/04/1994	3a. Date of Last Re 04/29/1996	port
2. Principal P	Place of Business		2a. Mailing Address			4. FEI Number		olied For
	<u>Greco Av</u>	ENVE	26 <u>330 GRECO</u>	AVE	NUE	65-0506157		Applicable
Suite Apt. 22 104			Sultē; Apt. #, etc. 27 104			5. Certificate of Status Desired		
City & Stal		r (City & State 28 CORAL GABL	.65	FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•
Zip		country	Zip	Cor	intry	8. This corporation owes or has pr		
24 3314		U.S.A.	29 33146 egistered Agent	30 ().S.A .	Personal Property Tax due June 10. Name and Address of New Re		No
	RBONE, ALESS	NDRO			B1 Name		<u> </u>	
	BRECO AVE.				82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
	ORAL GABLES FI	L 33146			83	3000022		8
					84 City	-07/29/	97011160 5.0 0, *** **66	
		007.0500						
office or i agent. I a	regi ster ed agent, c am f am lliar with, an	r Sections 607.0502 ar r both, in the State of F d accept the obligation	Florida, Such change was so of, Section 607.0505, P	authorize authorize forida Stat	bove-named co d by the corpora lutes.	rporation submits this statement for the j ation's board of directors. I hereby acce	purpose of changing its pt the appointment as r	registered egistered
SIGNATURE	Signature typed or print	ed name of registered agent an	d title if explicable /NC	TE Begistere	d Agent signature reg	uired when reinstating)	DATE	
12.		OFFICERS AND D	IRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS	
TITLE NAME	ZERBONE, A	LESSANDRO	L DELETE	1.1 TI 1.2 N			L. Change	
STREET ADDRESS	330 GRECO	AVE SUITE 104			IREET ADDRESS			034
CITY-ST-ZIP	CORAL GAB	ES FL 33141			ITY-ST-ZIP	······································		
TITLE	P. EU BENIO FI	ANAFETI	DELETE	2.1 TI)		Change	Addition O
NAME STREET ADDRESS	330 GREC	O AVE. STE 104	1	2.2 N 2.3 S	AME TREET ADDRESS			
CITY-ST-ZIP		ES FL 331			ITY+ST-ZIP			
TITLE	N.R. ALDO DALLE	MOLLE	DELETE	3.1 TI			Change	Addition
NAME STREET ADDRESS		AVE. STE. 104		3.2 N 3.3 S	AME TREET ADDRESS			
CITY-ST-ZIP	-	LES PL. 331	46		ITY-ST-ZIP			
тле			DELETE	4.1 T			Change	Addition
NAME STREET ADDRESS				4.2 M	iame Treet address			ĺ
CITY-ST-ZIP					TY-ST-ZIP			
TITLE			DELETE	5.1 TI			Change	Addition
				5.2 N				
STREET ADDRESS City-st-zip					IREET ADDRESS			
TITLE			DELETE	6.1 TI	·····		Change	E Addition
NAME ,				6.2 N	1		Â	9) k
STREET ADDRESS CITY-ST-ZIP		•			TREET ADDRESS]]]
14. I do here	by certify that the i	nformation Supplied wi	th this filing does not qua	lify for the	exemption state	ed in Section 119.07(3)(i), Florida Statute	es. I further certify that the	
l am an c	officer or director of in Block 12 or Block	the corporation of the	redeiver or trustee empo	wered to e	execute this rep	ad in Section 119.07(3)(i), Florida Statute at my signature shall have the same leg ort as required by Chapter 607, Florida s	Statutes; and that my na	ame a
appears				101855. m	i en	L.l.o.	$(\cdot \cdot)$	ý

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RIVIERA, INC. 330 GRECO AVENUE, SUITE 104 CORAL GABLES, FLORIDA 33146

Phone: (305) 461-3244

Fax: (305) 461-3247

July 15th, 1997

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Attention: Shawn Logan

RE: 1997 FILING FOR RIVIERA INC.

Dear Mr. Logan,

On January 3rd, 1997 we sent the documents for the filing of Riviera Inc. and a check for \$165.00. The check number #1262 and has not cleared which means it must have gotten lost in the mail. I am sending you a new check for the amount of \$165.00 and I am returning the 2nd notice with the information requested. If you have any questions, please feel free to contact me at (305) 461-3244. Thank you for your cooperation.

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