


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000033576 (7) 1. Corporation Name RIVIERA, INC.					
Principal Place of Business 330 GRECO AVENUE SUITE 104 CORAL GABLES FL 33146 US			Mailing Address 330 GRECO AVENUE SUITE 104 CORAL GABLES FL 33146 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/04/1994	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 65-0506157	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ZERBONE, ALESSANDRO 330 GRECO AVE. SUITE 104 CORAL GABLES FL 33146				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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZERBONE, ALESSANDRO		1.2 NAME		
STREET ADDRESS	330 GRECO AVE SUITE 104		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIAMBERTI, EUGENIO		2.2 NAME		
STREET ADDRESS	330 GRECO AVENUE, SUITE 104		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		2.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLLE, ALDO DALLE		3.2 NAME		
STREET ADDRESS	330 GRECO AVENUE, SUITE 104		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

SIGNATURE: _____

REQUIRED

1/16/98

(305) 461 3244

CR2E034 (10/97)