FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1995-1996

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

FILED 1-2
96 MAY 23 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

500001837345
-05/23/96--01082--001
****400.00 ****400.00

DOCUMENT # P94000059794

1. Corporation Name
AMERICAN RIVIERA, INC.

Principal Place of Business	Mailing Address
141 N.E. 3RD. AVE. SUITE 601 MIAMI, FL. 33132	141 N.E. 3RD. AVE. SUITE 601 MIAMI, FL. 33132

3. Date Incorporated or Qualified: 8-15-94
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt #, etc 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number — [x] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

DINER, MANUEL
141 N.E. 3RD. AVE.
S-601
MIAMI, FL. 33132

10. Name and Address of New Registered Agent

81 Name — FF $400.00
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL 85 Zip Code

5/23

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: See attached
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/S/T/D	[ ] DELETE
NAME	VALDES, PURA	
STREET ADDRESS	141 N.E. 3RD. AVE. #S-601	
CITY-ST-ZIP	MIAMI, FL. 33132	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(handwritten across fields 1.1–3.4:) 8/25/95 administrative dissolution was due to a processing error on the part of this office. Therefore, diss. was voided and corporation was returned to active status with the filing of this AR & payment of FF totaling $400.— 4/15

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP [ ] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP [ ] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP [ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP [ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP [ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP [ ] Change [ ] Addition

CR2E034 (12/95)

14. I 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)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pura Valdes PURA VALDES, PRESIDENT — 3/30/96 — (305) 358-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04-19-96 08:26AM TO 613053587191 P002

2-2

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RA SIGNATURE ONLY

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AMERICAN RIVIERA, INC.

Principal Place of Business
141 N.E. 3RD. AVE.
SUITE 601
MIAMI, FL. 33132

Mailing Address
141 N.E. 3RD. AVE.
SUITE 601
MIAMI, FL. 33132

3. Date Incorporated or Qualified: 8-15-94
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number — [x] Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DINER, MANUEL
141 N.E. 3RD. AVE.
S-601
MIAMI, FL. 33132

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 607.1500, 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 Manuel Diner
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/S/T/D	☐ DELETE
NAME	VALDES, PURA	
STREET ADDRESS	141 N.E. 3RD. AVE. #S-601	
CITY-ST-ZIP	MIAMI, FL. 33132	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition)

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
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP

8/25/95 administrative dissolution was due to a processing error on the part of this office. Therefore, diss. was cancelled and corporation was returned to active status with the filing of this AR + payment of RF totaling $40.— [illegible] 4/15

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pura Valdes PURA VALDES, PRESIDENT — 3/30/96 (Date) — (305) 358-7880 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR