FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnani

19964-496

Secretary of State

Secretary of State

CORPORATIONS

DOCUMENT #	P94000085554	(1)
L. Conservation Name		•

RVR INVESTMENT, CORP.

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Principal Place	of Business		Mai	ing Address				1 14011401 118 1013 01		DSECONNIC BOILE	(BIB) BIIBI BI	10: 01 4: 010: 1001
337 ALCAZAR AVENUE CORAL GABLES FL 33134			P.O. BOX 144691 CORAL GABLES FL 33114 US									
				00				3. Date incorporated or C 11/21/1994	lualified		of Last Re 04/28/1 9	
2. Principal Pla	ice of Busine	ess	2a.	Mailing Address				4. FEI Number		_ .		Applied For
21			26					65-0536331				Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status De	sired	["]	•	Additional	
22			27	<u>- L</u>							Required	
City & State			28	City & State				6. Election Campaign Final Trust Fund Contribution	_			May Be to Fees
Zıp		Country	-	 Zip	Cou	ntry		8. This corporation has lia	ibility for	intangible ta	ax under s	199.032,
24		25	29		30			Florida Statutes	Yes	s K ÎNo		
	9. Name	and Address of Cur	rent Registe	ered Agent		Ĺ,	,	10. Name and Address of	of New F	Registered	Agent	
						81	Name					
337 ALCAZAR AVENUE			82	Street Address (P.O. Box Number is Not Acceptable)								
				83								
						84	City			FL	85 Zı) Code
or registere	ed agent, or	ons of Sections 607.05 both, in the State of Fl pt the obligations of, S	orida Such e	change was autho	rized by the d	ove-r corp	named corpo oration's boa	ration submits this statement for and of directors. Thereby accep	or the pu the app	mose of cha	enging its registered	egistered office agent. Fam
SIGNATURE		. •										
	Signature typed	or printed name of registered a	pent as difficult ap AND DIRECT			Agen	d Signal ne regur	ADDITIONS/CHANGES	170.01	DATE LICE DG AND	DIDECTO	DQ INI 12
12. TITLE	D	OFFICERS	AND DIRECT	DELFIE	13.	111.6	[ADDITIONS/OFFANGES	10 Orr		Change	Addition
NAME	_	SO, RAMON			124							
STREET ADDRESS		OFFICE BOX 1446	91				ADDRESS					
CITY-ST-ZIP		L GABLES FL 331					T-ZIP					
Trile				DELETE	2.17		······································]	Change	Addition
NAME					221.	AM5						
STREET ADDRESS					235	TREET	ADDRESS					
CITY-ST-ZIP					240	1Y-5	T - 71P					
THLE				DELETE	3 1 7]	Change	Addition
NAME					3 2 N	AME						
STREET ADDRESS					3 3 S	TREET	ADDRESS					
CITY-ST-ZIP					3 4 C	IY-S	T - ZIP					
THLE				DELETE	4, 1 7	4TLE	Ì			[Change	Addition
NAME					4 2 N	AME						
STREET ADDRESS					4.3 S	IREE 1	ADDRESS					
CHY-ST-ZIP					44C	TY-5	T-ZIP					
TITLE				DELETE	5 1 T	ITLE				[Change	Addition
NAME					52 N							ļ
STREET ADDRESS					. I		ADDRESS					Ì
CITY-ST-ZIP				F-7 b-1			T - 7iP			···	7 0+	
TITLE				DELETE	6 1 1					Į	Change	nc:tibbA [
NAME					62 N							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	rertify that	the information supplie	od with this f	ling is voluntarily to			t-ZiP s not qualify	for the exemption stated in Sec	tion 110	9 (07(3)/k) Fin	orida Statut	es I further

4. To mereby certify that the information supplied with this liting is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. 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:

HATTHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 443-4600

CR2E034 (12/95)