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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000045443 (5)

1. Corporation Name

RIVER JUNGLE HOTEL, INC.

Principal Place of Business

175 SE 25TH ROAD APT. 11-E
MIAMI FL 33129

Mailing Address

175 SE 25TH ROAD APT. 11-E
MIAMI FL 33129



3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALONSO, DOMINGO
301 ALMERIA AVENUE STE 220
CORAL GABLES FL 33134

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 607.0502, Florida Statutes.

SIGNATURE

Signature typed or printed (Name of registered agent and box number, etc.)

(If 2011 Registered Agent signature required when registering)

3/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	BERNARDINO, FRANCISCO	
STREET ADDRESS	175 SE 25TH ROAD APT. 11-E	
CITY - ST - ZIP	MIAMI FL 33129	
TITLE	VSD	☐ DELETE
NAME	HONORATO, ELLEN R	
STREET ADDRESS	175 SE 25TH ROAD APT. 11-E	
CITY - ST - ZIP	MIAMI FL 33129	
TITLE	TD	☒ DELETE
NAME	CASTREZANA, ALEXANDRE	
STREET ADDRESS	175 SE 25TH ROAD APT. 11-E	
CITY - ST - ZIP	MIAMI FL 33129	
TITLE	SD	☐ DELETE
NAME	ALMEIDA, LUIS A	
STREET ADDRESS	175 SE 25TH ROAD APT. 11-E	
CITY - ST - ZIP	MIAMI FL 33129	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	TD
3.3 STREET ADDRESS	PETILO, LUCIANA S
3.4 CITY - ST - ZIP	600 NE 36 ST #1502
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 in an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 (305) 576-7539.

CR2E034 (12/95)