
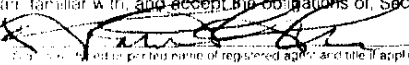


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000056253 1. Corporation Name Rivera Travel INC					
Principal Place of Business 350 G Racetrack Rd. Ft. Walton Beach, FL 32579			Mailing Address 350 G Racetrack Rd. Ft. Walton Beach, FL 32579		
2. Principal Place of Business 21 350 G Racetrack rd Suite, Apt. #, etc.		2a. Mailing Address 26 350 G Racetrack rd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 7/2/95	
22 FL City & State		27 FL City & State		4. FEI Number 59-3323262	
23 32579 Zip		28 USA Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 32579 Zip		29 USA Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA Country		30 USA Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Ricardo F. Rivera 122 Poquito rd. Shalimar, FL 32579			10. Name and Address of New Registered Agent 81 Name Ricardo F. Rivera 82 Street Address (P.O. Box Number is Not Acceptable) 122 Poquito rd. 83 84 City Shalimar FL 85 Zip Code 32579		
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. S.G. NATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 President <input type="checkbox"/> DELETE NAME Ricardo F. Rivera STREET ADDRESS 122 Poquito rd. CITY, ST, ZIP Shalimar, FL 32579 12.2 Vice-President <input type="checkbox"/> DELETE NAME Stephanie Rivera STREET ADDRESS 122 Poquito rd. CITY, ST, ZIP Shalimar, FL 32579 12.3 Treas <input type="checkbox"/> DELETE NAME Bill Harris STREET ADDRESS 27 Shalimar CITY, ST, ZIP Shalimar, FL 32579 12.4 Secretary <input type="checkbox"/> DELETE NAME on Shalimar Dianne Harris STREET ADDRESS Shalimar, FL 32579 CITY, ST, ZIP Shalimar, FL 32579 12.5 <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP 12.6 <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP			13.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.			400002168974 -05/07/97--01006--066 ***173.75		

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E034 (9/96)