PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			110.1				
DOCUMENT # POSOCOCETTOD (2)										
1. Corporation	A RIVER CORP.	3300000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	رد						
Principal Place			ng Address				i idabidar ila laidi dilili dalili balili	ITIII DIIID AIIII (3)	UTE 10000 IDEN 0610 ID	ĮI
200 SOUTH BISCAYNE BLVD. 200 SOUTH BISCAYNE SUITE 2100 SUITE 2100 MIAMI FL 33131 MIAMI FL 33131										
minmi f L V	7131	MH	AMI FL 33131				 Date Incorporated or Qualified 09/01/1995 	3a. Date o	Last Report	
2. Principal Pi	ace of Business	2a. M	lailing Address				4. FEI Number Applied for		Applied Fo	
Suite, Apt	#, etc	S	uite, Apt. #, etc.				5. Certificate of Status Desired	\$	Not Applica 8.75 Additiona	
City & State	9	27	ity & State		·	·	6. Election Campaign Financing		Fee Required \$5.00 May Be	
Zip	Country	28 Z	ıp.	T Co	untry		Trust Fund Contribution 8. This corporation has Lability for	L_J	Added to Fees	
24	25	29 ss of Current Register	ad Anent	30	· · · · · · · · · · · · · · · · · · ·		Florida Statutes	Yes 🗶 N	0	
Sł	HEAR, DAVID	or carrent flegister	o Agent		81 Nam	e	10. Name and Address of New Re	gistereo Ager	<u> </u>	
	IO SOUTH BISCAYNE JITE 2100	BLVD.			82 Stree	et Addres	ss (P.O. Box Number is Not Acceptab	le)		
	AMI FL 33131				83					
					84 City			FL 8		
11. Pursuant to	to the provisions of Sect- egistered agent, or both,	ons 607.0502 and 607. in the State of Florida	1508, Florida Stat Such change was	utes, the al	ove-name d by the co	d corpor poration	ation submits this statement for the po 's board of directors. I hereby accept	rpose of chain the appointme	ging its registere ant as registered	va
SIGNATURE	n familiar with, and acce									
12.	Signature, typed or printed name OF	of registered agent and title if ap FICERS AND DIRECTO		DIE Hagisten 13.	d Agent signat	re required	wheremone): ADDITIONS/CHANGES TO OFFIC	DAI: CERS AND DIR	ECTORS IN 12	
TITLE NAME	D Shear, David		™ DELETE	117	ITLE AME	DP.	rs			E034 (3/96)
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NAME			<u> </u>	22 N					enargi Aug	1101
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NAME STREET ADDRESS				62N						
STREET ADDRESS CITY-ST-ZIP					TREFT ADDRES: ITY - ST - ZIP	'				
14. I do hereb	my mauthe imornation i	NO-CARCKELOSE IMES JAPONICAL	report or supplied	furnished a	ind does no	tule and	for the exemption stated in Section 1 i accurate and that my's gnature shall	t to a recombine more than	as least often to so	
made und	er oath, that I am an offic me appears in Block 12	ter or all rector our he ator	borahon or the re	celver or to	ustaa anuu	owered to	i accurate and that my's ghature sha blexecule this report as required by C	mave the sam hapter 617, Fli	ie iegai впесt as prida Statutes lar	n nd
•		11-97	<u> </u>				/	, .		
CICNAT	IDE.	<u> </u>	\ \					7	. (
SIGNATI	URE:	CO TEAMOLETTO	E OF SIGNING OFFICE	R OR DIRECT	OR		JUNE 10, 1996	<i>و هاگي</i> "Daytine	-50,'-910.	9.