

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000073283 (0)
 1. Corporation Name
WILLIAMS RIVIERA CORP.



Principal Place of Business 1101 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131	Mailing Address 1101 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SHAPO, FREEDMAN & BLOOM Suite, Apt. #, etc. 22 200 SOUTH BISCAYNE, STE. 4750 City & State 23 MIAMI, FLORIDA Zip 24 33131		2a. Mailing Address 26 LOEB, BLOCK & PARTNERS, LLP Suite, Apt. #, etc. 27 505 PARK AVENUE, 9th FLOOR City & State 28 NEW YORK, NY Zip 29 10022		3. Date Incorporated or Qualified 09/20/1995	
4. FEI Number 65-0622557		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent BLOOM, LEONARD H 1101 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name SOUTH FLORIDA RESIDENT AGENTS, INC. 82 Street Address (P.O. Box Number is Not Acceptable) FIRST UNION FINANCIAL CENTER 83 200 SOUTH BISCAYNE BLVD., SUITE 4750 84 City MIAMI FL 85 Zip Code 33131			
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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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Leonard H. Bloom* **LEONARD H. BLOOM, V/S** **4/15/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOOM, LEONARD H		1.2 NAME BLOOM, LEONARD H.	
STREET ADDRESS 1101 BRICKELL AVENUE, SUITE 1400		1.3 STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 4750	
CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP MIAMI, FL 33131	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Leonard H. Bloom* **4/15/98** **35A-4440**

CR2E034 (10/97)