

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

DOCUMENT # P95000073283 (0)

1. Corporation Name

WILLIAMS RIVIERA CORP.



Principal Place of Business

Mailing Address

1101 BRICKELL AVENUE
SUITE 1400
MIAMI FL 33131

1101 BRICKELL AVENUE
SUITE 1400
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1995

4. FEI Number

65-0622557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 SHAPO, FREEDMAN & BLOOM

26 LOEB, BLOCK & PARTNERS, LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 200 SOUTH BISCAYNE, STE. 4750

27 505 PARK AVENUE, 9th FLOOR

City & State

City & State

23 MIAMI, FLORIDA

28 NEW YORK, NY

Zip

Country

Zip

Country

24 33131

25

29 10022

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOOM, LEONARD H
1101 BRICKELL AVENUE
SUITE 1400
MIAMI FL 33131

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

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
Signature, typed or printed name of registered agent and title if applicable.

LEONARD H. BLOOM, V/S

4/15/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
BLOOM, LEONARD H
STREET ADDRESS 1101 BRICKELL AVENUE, SUITE 1400
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DPS
1.3 STREET ADDRESS BLOOM, LEONARD H.
1.4 CITY-ST-ZIP 200 SOUTH BISCAYNE BLVD., SUITE 4750
MIAMI, FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

4/14/98 3053 JA-K440

CR2E034 (10/97)