

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 27 1996 8:00 am
Secretary of State

DOCUMENT # P95000091679 (7)

1. Corporation Name

RIVIERA VENTURES, INC.



Principal Place of Business	Mailing Address
1455 MICHIGAN AVE SUITE 13 MIAMI BEACH FL 33139	1455 MICHIGAN AVE SUITE 13 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified 11/29/1995	3a. Date of Last Report 11-29-95
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2. Principal Place of Business	2a. Mailing Address
21 1455 Michigan Ave Suite, Apt. #, etc. 13 22 City & State Miami Beach FL 23 Zip 33139 Country Dade	26 1455 Michigan Ave Suite, Apt. #, etc. 13 27 City & State Miami Beach FL 28 Zip 33139 Country Dade

4. FEI Number 65-0517816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

JUNGBAECK, JOHANNES
1455 MICHIGAN AVE
SUITE 13
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	Anton Philipp
82 Street Address (P.O. Box Number is Not Acceptable)	1455 Michigan Ave
83	Suite 13
84 City	Miami Beach FL
85 Zip Code	33139

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.

SIGNATURE *Anton Philipp* **Anton Philipp** **6-18-96**
Signature typed for printer name of registered agent and title (if applicable) (Print) Registered Agent's signature required when registered (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JUNGBAECK, JOHANNES	
STREET ADDRESS	1455 MICHIGAN AVE #13	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Anton Philipp	
13 STREET ADDRESS	1455 Michigan Ave	
14 CITY-ST-ZIP	Miami Beach	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 disclosed 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address

SIGNATURE: *Anton Philipp* **Anton Philipp** **6-18-96** **305 5310390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date of Filing)

CR2E034 (3/96)