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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

2. Principal Place of Business

VILA, ANA S **520 BILTMORE WAY**

Suite, Apt. #, etc

City & State

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DOCUMENT # P96000042499 (9) RIVIERA JUNIOR COTILLION, INC.

Country

9. Name and Address of Current Registered Agent

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CORAL GABLES FL 33134

WYLLIA VOINON OONLESON			
Principal Place of Business	Mailing Address		
BOBO NOW 58TH STREET MIAMI FL 33166	8080 NOW 58TH STREET MIAMI FL 33186		

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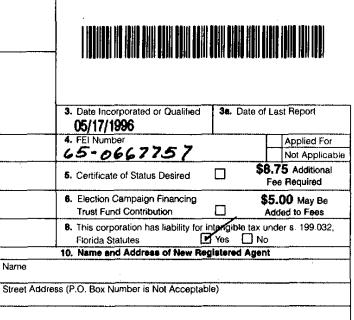
2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Feb 07 1997 8:00am Secretary of State



Zip Code 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.

Country

R1

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Name

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agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.								
SIGNATURE Signature typied or printed name of registered agent and tick diagraticable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		S IN 12		
TITLE	PVD	DELETE	1.1 TITLE		Change	Addition		
NAME	SOUTO, IRENE		1.2 NAME					
STREET ADDRESS	% 8080 N.W. 58TH ST.		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY - ST - ZIP					
TITLE	D	DELETE	2.1 TITLE		Change	Addition		
NAME	SOUTO, JOLIE		2.2 NAME					
STREET ADDRESS	% 8080 N.W. 58TH ST.		2.3 STREET ADDRESS					
CHTY-ST-ZIP	MIAMI FL 33166		2 4 CITY-ST-ZIP					
TITLE		DELETE	3 1 TITLE		☐ Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY - ST - ZIP			3.4. CITY - \$T - ZIP					
TITLE		DELETE	4.1 TITLE		☐ Change	Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY - ST - ZIP		_	4.4 City - St - ZiP			•		
TITLE		DELETE	5.1 TITLE		☐ Change	Addition		
NAME			5 2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY - ST - 71P			5 4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE		☐ Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY - S1 - ZIP			64 CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this arriual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Brook 12 or Block 1301 hanged, or on an attachment with an address