

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

**FILED**

**Apr 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000049202 (0)**  
1. Corporation Name  
**MIAMI RIVERSIDE APARTMENTS, CORP.**



Principal Place of Business <b>741 SW 173RD LN. PEMBROKE PINES FL 33029</b>	Mailing Address <b>741 SW 173RD LN. PEMBROKE PINES FL 33029-4222</b>
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3. Date Incorporated or Qualified <b>06/10/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0676592</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>1901 N.W 24 Ct</b>	22. Suite, Apt. #, etc.	22a. Mailing Address <b>5381 W 1st Ave</b>	22b. Suite, Apt. #, etc.	27. City & State <b>Appt # A Hiatah, FL 3302</b>	28. City & State	23. Zip	24. Country	29. Zip	30. Country <b>U.S.A.</b>
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9. Name and Address of Current Registered Agent <b>PEREZ, BERNABE I 741 SW 173RD LN. PEMBROKE PINES FL 33029</b>					10. Name and Address of New Registered Agent				
81 Name					82 Street Address (P.O. Box Number is Not Acceptable)				
83					84 City				
					85 Zip Code <b>FL</b>				

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PEREZ, OSCAR</b>		1.2 NAME	
STREET ADDRESS <b>741 SW 173RD LN.</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>PEMBROKE PINES FL 33029</b>		1.4 CITY - ST - ZIP	
TITLE <b>PTD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PEREZ, BERNABE I</b>		2.2 NAME	
STREET ADDRESS <b>741 SW 173RD LN.</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>PEMBROKE PINES FL 33029</b>		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 do 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: *[Signature]*  
DATE: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)