

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 21 1997 8:00am  
Secretary of State

DOCUMENT # P96000064341 (6)

1. Corporation Name

VALDO RIVA INVESTMENT, INC.



Principal Place of Business

C/O THOMAS BARBA  
400 SOUTH DIXIE HWY. #324  
BOCA RATON FL 33432

Mailing Address

C/O THOMAS BARBA  
400 SOUTH DIXIE HWY. #324  
BOCA RATON FL 33432-6023

3. Date Incorporated or Qualified  
08/01/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business

21 1045 95th Street

Suite, Apt. #, etc.

22 City & State

23 Bay Harbor Islands, FL

24 Zip

33154

Country

Dade

2a. Mailing Address

26 1045 95th Street

Suite, Apt. #, etc.

27 City & State

28 Bay Harbor Islands, FL

29 Zip

33154

Country

Dade

4. FEI Number

65-0715823

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

THOMAS A. BARBA

82 Street Address (P.O. Box Number is Not Acceptable)

400 So. Dixie Highway, Ste. 324

83

84 City

Boca Raton

FL

85 Zip Code

33432

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Thomas A. Barba

(NOTE: Registered Agent signature required when reinstating)

02/27/97

DATE

12. OFFICERS AND DIRECTORS

TITLE Pres., Sec./Tr. Director ☐ DELETE  
NAME VALDO RIVA  
STREET ADDRESS 1045 95th Street  
CITY-ST-ZIP Bay Harbor Islands, FL 33154

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Valdo Riva

02/27/97

(305) 861-2854

CR2E034 (9/96)