

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

FILED

**May 06 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000077614 (1)

1. Corporation Name
BEATRIZ RIVERA ENTERPRISES, INC.



Principal Place of Business
**18430 NE 7 CT.
NORTH MIAMI FL 33179**

Mailing Address
**18430 NE 7 CT.
NORTH MIAMI FL 33179-4804**

3. Date Incorporated or Qualified
09/18/1996

3a. Date of Last Report

2. Principal Place of Business
21 **2225 SW 19 AVE**

2a. Mailing Address
26 **2225 SW 19 AVE**

4. FEI Number
65-0700308

Applied For
 Applied For
 Not Applicable

22. City & State
23 **MIAMI, FL 33145**

27. Suite, Apt. #, etc.

6. Certificate of Status Desired

\$8.75 Additional Fee Required

28. City & State
MIAMI - FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip **33145** Country **DADE**

29. Zip **33145** Country **DADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIVERA, BEATRIZ
18430 NE 7 CT.
NORTH MIAMI FL 33179**

81 Name **RIVERA BEATRIZ**

82 Street Address (P.O. Box Number is Not Acceptable)
2225 SW 19 AVE

83

84 City **MIAMI** FL 85 Zip Code **33145**

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 *Beatriz Rivera*

DATE **04-27-97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIVERA, BEATRIZ		1.2 NAME	
STREET ADDRESS 18430 NE 7 CT.		1.3 STREET ADDRESS	
CITY - ST - ZIP NORTH MIAMI FL 33179		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		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	

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***165.00

DR 5-6-97

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: *Beatriz Rivera*

DATE **04-27-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0242007

CR2E034 (9/96)