SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 OCT 17 PM 2: 16 **DOCUMENT #** P96000103451 (6) SECRUIARY OF STATE TALLAHASSEE FLORIDA Corporation Name RIVERA SIGN, INC. Principal Place of Business Mailing Address 2200 FORSYTH RD. 2050 TROPIC BAY CT. ORLANDO FL 32807 ORLANDO FL 32807 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 12/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For RIDGE CLUBIO 5827 21 *5*827 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired *a 0*5 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 RLANDO Added to Fees Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible 3 > 8 30 25 OKANGE Personal Property Tax due June 30. Yes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CARABALLO, RICARDO 2050 TROPIC BAY CT. Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32807 RIDGE CLUR **R3** 84 Zip Code 3 28 3 9 City 0 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. O 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 after a comparation of the corporation SIGNATURE printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE MANAGER Change Addition TITLE President 1.1 TITLE ICARDO CARABALLO 1.2 NAME NAME RIDGE CLUB 1000 HADS RIDGE CLUB 1,3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 1.4 C/TY - ST - 7/F DELETE Change TITLE 2.1 HILE Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST-ZIP 2.4 CITY-ST-ZIP DELETE ___ Change Addition THLE 3.1 TITLE NAME 3.2 NAME 702325359--10/21/97--01029--014 STREET ADDRESS 3.3 STREET ADDRESS ****550.00 ****550.00 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREE1 ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City - ST - ZIP CITY-S1-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 one attachment with an address.

9/9/00