
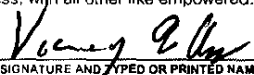


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91790 048 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P97000024527 <b>1. Entity Name</b> RIVIA CORPORATION			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 13706 SW 84th STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 17425 SW 245th TERRACE Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL.		<b>City &amp; State</b> HOMESTEAD, FL.	
<b>Zip</b> 33183-4017	<b>Country</b> USA	<b>Zip</b> 33031-3516	<b>Country</b> USA
<b>4. FEI Number</b> 65-0738315		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent -</b>			
<b>Name</b> PAIGE, ROBERT E. ESQ.			
<b>Street Address (P.O. Box Number is Not Acceptable)</b>			
9500 SOUTH DADELAND B; SUITE 650			
<b>City</b> MIAMI, FL.		<b>FL</b>	<b>Zip Code</b> 33156
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b> _____		<b>UNCHANGED</b> _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> USS, VIANEY APONTE ( SAME AS MAILING ADDRESS ABOVE )	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 		<b>4-30-03</b>	<b>305-385-8285</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)