

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90128 025 \*\*\*\*\*8.75  
05-03-1999 90128 026 \*\*\*150.00

DOCUMENT # P97000027603

1. Corporation Name  
THE RIVERS GROUP CORP.

Principal Place of Business  
~~3531 N.W. 209TH TERRACE~~  
MIAMI FL 33056

Mailing Address  
~~3531 N.W. 209TH TERRACE~~  
MIAMI FL 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number  
65-0742129

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 2250 NW 170 Street

2a. Mailing Address  
26 2250 NW 170 Street

Suite, Apt. #, etc.  
22 Miami, FL  
City & State

Suite, Apt. #, etc.  
27 Miami, FL  
City & State

23 33056  
Zip

28 33056  
Zip

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVERS, SANDRELL  
~~3531 N.W. 209TH TERRACE~~  
MIAMI FL 33056

81 Name Rivers, Sandrell  
82 Street Address (P.O. Box Number is Not Acceptable)  
2250 NW 170 Street  
83  
84 City Miami FL 85 Zip Code 33056

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME RIVERS, SANDRELL  
STREET ADDRESS ~~3531 N.W. 209TH TERRACE~~  
CITY-ST-ZIP MIAMI FL 33056

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 D ☐ Change ☐ Addition  
1.2 NAME Rivers, Sandrell  
1.3 STREET ADDRESS 2250 NW 170 Street  
1.4 CITY-ST-ZIP Miami, FL 33056

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 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, with all other like empowered.

SIGNATURE *Sandrell Rivers* SANDRELL RIVERS 3-26-99 305-755-7818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0154533

CR2E034 (11/98)