FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED PROFIT FLORIDA DEPANJMENT OF STAT May 15 1998 8:00am CORPORATION Sandra B. Montha **ANNUAL REPORT** Secretary of State Secretary of State **1998** DIVISION OF CORPORATIONS DOCUMENT # P97000034744 (7) VICTOR RIVERA, INC. Principal Place of Business Mailing Address 810 10TH STREET. #5 810 10TH STREET. #5 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1997 2. Principal Place of B 2a. Mailing Address Applied For 1**5**070 26 1056 Jefferson 1056 Jefferson Avenue 21 Not Applicable Suite \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 6. Election Campaign Financing \$5.00 May Be MIAMI BEACH FLA 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes INo 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name River, **RIVERA, VICTOR** Victor 810 10TH STREET, #5 82 Street Add #15 MIAMI BEACH FL 33139 50N/ 83 84 City 331<u>59</u> EACH FL 11. Pursuant to the provisions of Soctions 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. agent. I am familiar ent SIGNATURE (NO1t : Registered Agent signature required when reinstating) stager Land Id'e if applicabl DAT (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE D 11 THEF Change Addition VICTOR RIVERA NAME **RIVERA, VICTOR** 1.2 NAME **2E034** 1056 Jefferson Avenue #15 STREET ADDRESS 810 10TH STREET, #5 1.3 STREET ADDRESS MIAMI BEACH FL 33139 33139 CITY-ST-ZIP 1.4 CITY - ST - ZIP BERCH, MAMI F 5 DELETE Change TALE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7P 4.4 CITY-ST-ZIP TITLE DELETE 51 THLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 each; that I am an officer or director of the corporation of 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 on on an other with an address. 98 (305)538-5817 SIGNATURE