SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000095751 (8)

RIVIERA PROPERTIES CORP.

Principal Place of Business

Mailing Address

FILED Aug 13 1998 8:00am Secretary of State



C/O RASCO, REININGER & PEREZ, P.A. C/O RASCO, REININGER & PEREZ, P.A. 5200 BLUE LAGOON DRIVE SUITE 700 5200 BLUE LAGOON DRIVE SUITE 700 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified <u>11/07/199</u>7 2a. Mailing Address C/O BANCO
26 SANTANDER TRUST & BANKING
Suite, Apt. #, etc. 3RD FLOOR 2. Principal Place of Business X Applied For 21 26 Not Applicable Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 BAHAMAS FINANCIAL CENTRE City & State
NASSAU, NEW PROVIDENCE City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No N 4486 **BAHAMAS** 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DRIVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 700** 83 **MIAMI FL 33126** 84 City Zip Code 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE DELETE Change X Addition TAYLOR, MARIA NAME 1.2 NAME CENTRE, SHIRLEY & BAHAMASTEINANCLAL P.O. BOX N-1682, 3RD FLOOR 1.3 STREET ADDRESS STREET ADORESS NASSAU, BAHAMAS 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE Change K Addition DELETE LOZADA, JOSE 2.2 NAME NAME BAHAMAS EINANCIAL CENTRE, SHIRLEY & P.O. BOX N-1682, 3RD FLOOR STREET ADDRESS 2.3 STREET ADDRESS NASSAU, BAHAMAS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE Change X Addition TITLE DELETE CRESPO, ROBERTO NAME 3.2 NAME BAHAMASTEINANGLAL CENTRE, SHIRLEY & P.O. BOX N-1682, 3RD FLOOR STREET ADORESS 3.3 STREET ADDRESS NASSAU, BAHAMAS CITY-ST-ZIP 3.4 CITY-ST-7(P 4.1 TITLE Change TITLE DELETE Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE ___ Change ____ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 suppliering annual report or suppliering annual report or suppliering the suppliering 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 of this faceiver or trusiee 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

6W THE MARIA N. TAYLOR JULY 27, 1998 (242)3223588

CR2E034 (5/98)