

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

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000102429**

1. Corporation Name  
**RIVIERA OPTIONS CO.**

Principal Place of Business <b>343 ALMERIA AVENUE CORAL GABLES FL 33134</b>	Mailing Address <b>343 ALMERIA AVENUE CORAL GABLES FL 33134</b>
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81 Name <b>Spiegel &amp; Utrera, P.A.</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>343 Almeria Avenue</b>
83	84 City <b>Coral Gables</b>
85	85 Zip Code <b>FL 33134</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 the public records of the State of Florida, and I am familiar with the public records of the State of Florida.

SIGNATURE By: **Natalia Utrera, Vice-President**

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	[ ] DELETE
NAME <b>Sanchez, Elsie</b>	
STREET ADDRESS <b>343 Almeria Avenue</b>	
CITY-ST-ZIP <b>Coral Gables, FL 33134</b>	
TITLE <b>[ ] DELETE</b>	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>[ ] DELETE</b>	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>[ ] DELETE</b>	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>[ ] DELETE</b>	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

8000002868598-2  
-05/10/99--01002--004  
\*\*\*\*150.00 \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 MAY -3 PM 3:54

STATE OF FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/09/1998**

4. FEI Number

Applied For  
Not Applicable  
**\$8.75** Additional  
Fee Required

5. Certificate of Status Desired [ ]

6. Election Campaign Financing  
Trust Fund Contribution [ ]

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax [ ] Yes [ ] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)