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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S95034

(2)

FILED Feb 09 1998 8:00am Secretary of State

1. Corporation	n Name	()			Į.		
A.L. RI	VIERA, INC.				d dentrible rad inter bross maren alrea neds diaks	61611 61611 61611 618	li Auto ette
l							
Principal Place of Business Mailing Address					a radizata bià tasan arter Ausen Itely aran asasti i	BIBLI ANDEL BIBLI BIBL	11 #4#UF (##)
1130 WASHIN	IGTON AVE	1130 WASHINGTON AV	VE				
4TH FLOOR MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139			20		DO NOT WRITE IN THIS SPACE		
US US			,,,		3. Date Incorporated or Qualified		
•					11/19/1991		
2. Principal Place of Business		2a, Mailing Address	2a, Mailing Address		4. FEI Number	Ar	pplied For
21		26			65-0305686		ot Applicable
Suite, Apt. #, etc		Suite, Ap1 #, etc.			5. Certificate of Status Desired		Additional equired
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Z _{ip}	Country	·)	Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24 25 25 Name and Address of Currer		29 Current Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Register		7 NO
64	LAND, ROBERT F.	Springle rediction redoug	81	Name	10: Name and Padarons of the Hoggister	- John	
1130 WASHINGTON AVE			62	Chront Adde	ess (P.O. Box Number is Not Acceptable)		
4TH FLOOR			102	Street Addi	ess (P.O. Box Number is Not Acceptable)		
MI	AMI FL 33139		83				
			84	City		85 Zip	Code
office or a	to the provisions of Sections of registered agent, or both, in the	07.0502 and 607.1508, Florida Sta e State of Florida. Such change wa e obligations of, Section 607.0505,	itules, the above- is authorized by t Florida Statutes	named corp he corporat	oration submits this statement for the purpos ion's board of directors. I hereby accept the	e of changing if appointment as	registered
SIGNATURE	im tananai wito, anci accept me	r ornigitions (ii, occitor) occitos,	Florida Staldles.				
Signature, typed or present name of registered agent and little diapplicable (NOTE: R			vOTE: Registered Agent	signeture requir			
12.	OF LICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	SALAND, ROBERT F.	_ Dittit	1.2 NAME			L Orango	
	STREET ADDRESS 1130 WASHINGTON AVE, 4TH FLOOR		1.3 STREET AL	nDRESS			
CITY-ST-ZIP MIAMI BEACH FL			1.4 CITY - ST-	· · · · · · · · · · · · · · · · · · ·			
TITLE	☐ DELETE		2.1 YITLE			Change	Addition
NAME			22 NAME				
STREET ADDRESS			2.3 STREET AL	DDRESS			
CITY-ST-ZIP			2.4 CITY-ST-	ZIP			
TITLE	DELETE		3.1 TITLE			☐ Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			33 STREET AL	ì			
CITY-ST-ZIP TITLE	DELETE		3.4. CITY-ST- 4.1 TITLE	-212		Change	Addition
NAME]		4, 2 NAME	 			
STREET ADDRESS			4.3 STREET AC	OORESS			
CITY-ST-ZIP			4.4 DITY-ST-	ZIP			
TOLE	DELETE		5.1 TITLE			Change	Addition
NAME	eE .		5.2 NAME				
STREET ADDRESS			5.3 STREET AL	ODRESS			
CITY-ST-ZIP			5.4 CITY-ST-	ZIP			
TITLE		☐ DELET E	6.1 THTLE	ĺ		Change	Addition Addition
NAME			6.2 NAME	}			İ
STREET ADDRESS			6.3 STREET AL	DRESS			

14. Thereby 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 suppliemental 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 convexion 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 change the attachment with an address.

SIGNATURE:

CITY-ST-ZIP