

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

FILED

**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V11271 (6)
 1. Corporation Name
LUIS J. RIVERO, ESQUIRE, P.A.



Principal Place of Business 299 ALHAMBRA CIRCLE SUITE 401 CORAL GABLES FL 33134 US	Mailing Address 299 ALHAMBRA CIRCLE 401 CORAL GABLES FL 33134-5114 US
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2 Principal Place of Business 21 <i>782 N.W. 42 Avenue</i>	2a Mailing Address 26 <i>782 N.W. 42 Avenue</i>
22 Suite, Apt. #, etc. <i>Suite 534</i>	27 Suite, Apt. #, etc. <i>Suite 534</i>
23 City & State <i>Miami, Florida</i>	28 City & State <i>Miami, Florida</i>
24 Zip <i>33126</i>	29 Zip <i>33126</i>
25 Country	30 Country

3 Date Incorporated or Qualified 02/03/1992	3a Date of Last Report 06/17/1996
4 FEI Number 65-0306333	Applied For Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RIVERO, LUIS
299 ALHAMBRA CIRCLE
SUITE 401
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name <i>Luis J. Rivero</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>782 N.W. 42 Avenue</i>
83 <i>Suite 534</i>
84 City <i>Miami</i>
85 Zip Code <i>FL 33126</i>

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	RIVERO, LUIS J.	
STREET ADDRESS	299 ALHAMBRA CIRCLE	<i>782 NW 42 Ave.</i>
CITY-ST-ZIP	CORAL GABLES FL	<i>Suite 534 Miami, FL 33126</i>
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: *[Signature]* **(305) 445-2287**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0182701

CR2E034 (9/96)