
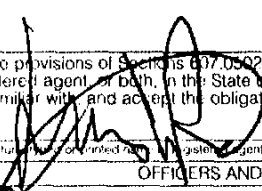
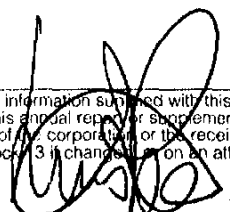


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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	
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	
2. Principal Place of Business 21 782 N.W. 42 Avenue Suite, Apt. #, etc. 22 Suite 534 City & State 23 Miami, Florida Zip 24 33126		2a. Mailing Address 26 782 N.W. 42 Avenue Suite, Apt. #, etc. 27 Suite 534 City & State 28 Miami, Florida Zip 29 33126	
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 Luis J. RIVERO 82 Street Address (P.O. Box Number is Not Acceptable) 782 N.W. 42 Avenue Suite 534 83 84 City Miami FL 85 Zip Code 33126	
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:  (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

(305) 445-2287

0182701