

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:09

DOCUMENT # **V33610** (9)

1. Corporation Name  
**RIVERO INVESTMENT GROUP, INC.**

Principal Place of Business	Mailing Address
6124 N.W. 74 AVENUE P.O. BOX 52-7404 MIAMI FL 33152-7404	6124 N.W. 74 AVENUE P.O. BOX 52-7404 MIAMI FL 33152-7404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/04/1992</b>	3a. Date of Last Report <b>02/18/1994</b>
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2. Principal Place of Business 21 <b>7335 N.W. 31 Street</b>	2a. Mailing Address 20 <b>P.O. Box 52-7404</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>MIAMI, FL 3</b>	28 City & State <b>MIAMI, FL</b>
24 Zip <b>33122-1240</b>	25 Country <b>DADE</b>
29 Zip <b>33152-7404</b>	30 Country <b>DADE</b>

4. FBI Number <b>65-0328145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RIVERO, JUAN C**  
**6124 N.W. 74TH AVENUE**  
**MIAMI FL 33166-3710**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 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

(Signature, typed or printed name of registered agent and title of applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CT</b>
NAME	<b>RIVERO, JORGE H., SR.</b>
STREET ADDRESS	<b>6124 N.W. 74TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>SVD</b>
NAME	<b>RIVERO, JOSEFINA</b>
STREET ADDRESS	<b>6124 N.W. 74TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VD</b>
NAME	<b>RIVERO, JORGE H., JR.</b>
STREET ADDRESS	<b>6124 N.W. 74TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>PD</b>
NAME	<b>RIVERO, JUAN CARLOS</b>
STREET ADDRESS	<b>6124 N.W. 74TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

**01-01-95** 305-477-1600  
Date (Optional Item 4)