

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V33610 (9)**
1. Corporation Name
RIVERO INVESTMENT GROUP, INC.



Principal Place of Business: **7335 N. W 31 STREET, P.O. BOX 52-7404, MIAMI FL 33122-1240 US**
Mailing Address: **P. O. BOX 52-7404, P.O. BOX 52-7404, MIAMI FL 33152-7404 US**

3. Date Incorporated or Qualified: **05/04/1992** 3a. Date of Last Report: **02/03/1995**
4. FET Number: **65-0328145** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name: **RIVERO, JUAN C.**
82 Street Address (P.O. Box Number is Not Acceptable): **433 W. 45TH PLACE**
83
84 City: **HIALEAH, FL** 85 Zip Code: **33012**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	RIVERO, JORGE H., SR.	
STREET ADDRESS	6124 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	RIVERO, JOSEFINA	
STREET ADDRESS	6124 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIVERO, JORGE H., JR.	
STREET ADDRESS	6124 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	RIVERO, JUAN CARLOS	
STREET ADDRESS	6124 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2555 COLLINS AVE., STE. 2406
14 CITY-ST-ZIP	MIAMI BCH. FL
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2555 COLLINS AVE., STE. 2406
24 CITY-ST-ZIP	MIAMI BCH. FL
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	2555 COLLINS AVE., STE. 2206
34 CITY-ST-ZIP	MIAMI BCH. FL
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	433 W. 45TH PLACE
44 CITY-ST-ZIP	HIALEAH FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	800001800688
54 CITY-ST-ZIP	-04/30/96--01018--035
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	***200.00
64 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 changed, or on an attachment with an address

SIGNATURE: **JUAN C. RIVERO** 04/10/96 (305) 477-5633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #

CR2E034 (12/95)

4/28/96