

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

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Apr 02 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 # **V41440** (1)

1. Corporation Name
RIVER ORCHIDS INVESTMENT CORP.

Principal Place of Business 3250 MARY STREET 5TH FLOOR MIAMI FL 33133	Mailing Address 3250 MARY STREET 5TH FLOOR MIAMI FL 33133-5232
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1992	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 65-0353136	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WEISER, SHERWOOD M. 3250 MARY STREET SUITE 500 MIAMI FL 33133				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, SHERWOOD M.	1.2 NAME	
STREET ADDRESS	3250 MARY ST., STE 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	
TITLE	DPAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFTON, DONALD E.	2.2 NAME	
STREET ADDRESS	3250 MARY ST STE 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, THOMAS F.	3.2 NAME	
STREET ADDRESS	3250 MARY ST., STE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMLING, W. PETER	4.2 NAME	
STREET ADDRESS	3250 MARY ST., STE 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBLEY, PETER L	5.2 NAME	
STREET ADDRESS	3250 MARY ST., STE 500	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: *W. Peter Temling* 3/5/97 305-445-2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)