

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 435098 (9)
1. Corporation Name

AVENTURA TRAVEL BOUTIQUE, INC.



Principal Place of Business

Mailing Address

3575 NE 207 ST
AVENTURA FL 33180

3575 NE 207 ST
STE A7
AVENTURA FL 33180
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 630426
Suite, Apt. #, etc.

22 City & State

27 City & State
MIAMI, FLORIDA

23 Zip

Country

28 Zip

24

25

29

33163 USA

9. Name and Address of Current Registered Agent

ZAIFERT, RICHARD
3575 NE 207 ST
NORTH MIAMI BEACH FL 33180

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 607.1504, 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 office address

Date, Registered Agent Signature (must be handwritten)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHWARTZ, MILICENT
STREET ADDRESS 3575 NE 207 ST
CITY-STATE-ZIP N. MIAMI BEACH FL

TITLE S
NAME SCHWARTZ, MARVIN
STREET ADDRESS 3575 NE 207 ST
CITY-STATE-ZIP N. MIAMI BEACH FL

TITLE D
NAME ZAIFERT, RICHARD
STREET ADDRESS 3575 NE 207 ST
CITY-STATE-ZIP N. MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Milicent Schwartz April 26, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E034 (12/95)