

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 30 1997 8:00 am  
Secretary of State

DOCUMENT # **H40882** (3)

1. Corporation Name  
**AVENTURA L-2 A CORP.**



Principal Place of Business  
**C/O THE BROADSTONE GROUP, INC  
888 7TH AVENUE, SUITE #3400  
NEW YORK NY 10106**

Mailing Address  
**C/O THE BROADSTONE GROUP, INC  
888 7TH AVENUE, SUITE #3400  
NEW YORK NY 10106-0001**

3. Date Incorporated or Qualified  
**02/04/1985** 3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>13-3255757</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip Country		29 <b>10106-0199</b>		30			

9. Name and Address of Current Registered Agent

**BERGER & SHAPIRO  
100 N.E. 3RD AVE., SUITE #400  
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORY, JUDITH</b>	1.2 NAME	
STREET ADDRESS	<b>888 SEVENTH AVENUE, SUITE 3400</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 99</b>	1.4 CITY-ST-ZIP	<b>10106-0199</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPOTO, ANTONINA L</b>	2.2 NAME	
STREET ADDRESS	<b>888 SEVENTH AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DTAS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, KEVIN</b>	3.2 NAME	
STREET ADDRESS	<b>888 SEVENTH AVE., SUITE 3400</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLLOD, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>888 SEVENTH AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D-</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>-WALLACE, PAUL F-</b>	5.2 NAME	
STREET ADDRESS	<b>-888 SEVENTH AVE., SUITE 3400-</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>-NEW YORK NY 99-</b>	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:

*Judith Bory*

**Judith Bory**

**1/9/97**

**212-333-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)