

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 # H40883 (1)

1. Corporation Name  
AVENTURA L-2 B CORP.

Principal Place of Business  
SUITE 3400  
899 SEVENTH AVENUE  
NEW YORK NY 10106-0199

Mailing Address  
SUITE 3400  
899 SEVENTH AVENUE  
NEW YORK NY 10106



3. Date Incorporated or Qualified 02/04/1985  
3a. Date of Last Report 08/29/1996

2. Principal Place of Business 21  
2a. Mailing Address 26  
4. FEI Number 13-3255763  
Applied For  
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 City & State 28 City & State  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip 25 Country 29 Zip 30 Country  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.  
1406 HAYS STREET, SUITE 2  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

61 Name  
62 Street Address (P.O. Box Number is Not Acceptable)  
63  
64 City FL 65 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                      | DP <input type="checkbox"/> DELETE   | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOLLOD, MICHAEL A                    | 12 NAME   |   |
| STREET ADDRESS             | 888 SEVENTH AVE., SUITE 3400         | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | NEW YORK NY 10106-0199               | 14 CITY-ST-ZIP  |   |
| TITLE                      | DV <input type="checkbox"/> DELETE   | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BORY, JUDITH                         | 22 NAME   |   |
| STREET ADDRESS             | 888 SEVENTH AVE., SUITE 3400         | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | NEW YORK NY 10106-0199               | 24 CITY-ST-ZIP  |   |
| TITLE                      | DTAS <input type="checkbox"/> DELETE | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COLLINS, KEVIN                       | 32 NAME   |   |
| STREET ADDRESS             | 888 SEVENTH AVE., SUITE 3400         | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | NEW YORK NY 10106-0199               | 34 CITY-ST-ZIP  |   |
| TITLE                      | S <input type="checkbox"/> DELETE    | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SPOTO-WERSAL, ANTONIA L              | 42 NAME   |   |
| STREET ADDRESS             | 888 SEVENTH AVE., SUITE 3400         | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | NEW YORK NY 10106-0199               | 44 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 52 NAME   |   |
| STREET ADDRESS             |                                      | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                      | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 62 NAME   |   |
| STREET ADDRESS             |                                      | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                      | 64 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

Date

212-333-2100

Daytime Phone #

CR2E034 (9/96)