

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JAN 31 PM 2:52

DOCUMENT # H40884 (9)

1. Corporation Name
AVENTURA L-2 C CORP.

Principal Place of Business C/O THE BROADSTONE GROUP, INC. 888 7TH AVENUE NEW YORK NY 10106	Mailing Address C/O THE BROADSTONE GROUP, INC. 888 7TH AVENUE NEW YORK NY 10106
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/04/1985		3a. Date of Last Report 02/01/1994	
2. Principal Place of Business 21		2a. Mailing Address 26	
4. FEI Number 13-3255767		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	23. City & State	28. City & State
24. Zip	25. Country	29. Zip	30. Country

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	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		B5 FL	B6 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 NAME STREET ADDRESS CITY-ST-ZIP	DV DELBENE, GERARD N. 888 SEVENTH AVE, STE 3400 NEW YORK NY 99	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/V Judith Bory 888 Seventh Ave., Suite 3400 New York, NY 10106-0199 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOLLOD, MICHAEL 888 SEVENTH AVE. NEW YORK NY 99	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10106-0199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPOTO, ANTONINA L. 888 SEVENTH AVE. NEW YORK NY 99	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10106-0199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS RICCI, MICHAEL 888 7TH AVE, STE 3400 NEW YORK NY 99	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10106-0199
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Paul F. Wallace 888 Seventh Ave., Suite 3400 New York, NY 10106-0199 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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: Judith Bory Judith Bory 1/30/95 212-333-2107
SIGNATURE LINE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #