

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # H40884**

1. Corporation Name

**AVENTURA L-2 C CORP.**

Principal Place of Business

Mailing Address

**c/o The Broadstone Group  
888 Seventh Avenue  
Suite 3400  
New York, NY 10106-0199**

**c/o The Broadstone Group  
888 Seventh Avenue  
Suite 3400  
New York, NY 10106-0199**

3. Date Incorporated or Qualified

**02/04/85**

3a. Date of Last Report

**02/95**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**13-3255767**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**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. Thereby, 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 date of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D/P</b>	<input type="checkbox"/> DELETE
NAME	<b>MOLLOD, MICHAEL</b>	
STREET ADDRESS	<b>888 SEVENTH AVE., SUITE 3400</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 10106-0199</b>	
TITLE	<b>D/V</b>	<input type="checkbox"/> DELETE
NAME	<b>BORY, JUDITH</b>	
STREET ADDRESS	<b>888 SEVENTH AVE., SUITE 3400</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 10106-0199</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SPOTO, ANTONINA L.</b>	
STREET ADDRESS	<b>888 SEVENTH AVE., SUITE 3400</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 10106-0199</b>	
TITLE	<b>D/T/AS</b>	<input type="checkbox"/> DELETE
NAME	<b>COLLINS, KEVIN</b>	
STREET ADDRESS	<b>888 SEVENTH AVE., SUITE 3400</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 10106-0199</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>300001808243</b>
4.4 CITY-ST-ZIP	<b>-05/06/96--01017--018</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>***200.00</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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:

*Judith Bory*

**Judith Bory**

**4/29/96**

**212-333-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)

*531-96 JP*