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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H40885** (6)

1. Corporation Name
AVENTURA M-2 CORP.



Principal Place of Business

Mailing Address

**C/O BROADSTONE GROUP, INC
888 7TH AVENUE
NEW YORK NY 10106**

**C/O BROADSTONE GROUP, INC
888 7TH AVENUE
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

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 **10106-0199** 30

4. FEI Number
13-3255758

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

10. Name and Address of New Registered Agent

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

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 ☐ DELETE
NAME **DV BORY, JUDITH**
STREET ADDRESS **888 SEVENTH AVE., SUITE 3400**
CITY - ST - ZIP **NEW YORK NY**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **S SPOTO, ANTONINA L**
STREET ADDRESS **888 SEVENTH AVE.**
CITY - ST - ZIP **NEW YORK NY**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **DTAS COLLINS, KEVIN**
STREET ADDRESS **888 SEVENTH AVE., SUITE 3400**
CITY - ST - ZIP **NEW YORK NY**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **DP MOLLOD, MICHAEL**
STREET ADDRESS **888 7TH AVE.**
CITY - ST - ZIP **NEW YORK, N. Y.**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME ~~**WALLACE, PAUL F.**~~
STREET ADDRESS ~~**888 SEVENTH AVE., SUITE 3400**~~
CITY - ST - ZIP ~~**NEW YORK NY**~~

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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

Judith Bory

1/10/97

212-333-2100

Date

Daytime Phone #

CR2E034 (9/96)