

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martinez
Secretary of State
Tallahassee, Florida 32301

APPROVED
FEB 3

09/09/1987

FLORIDA

DOCUMENT # **J91397** (6)
AVENTURA THIS END UP, INC.

Principal Office Address: 1309 EXCHANGE ALLEY, RICHMOND VA 23219
Mailing Address: 1309 EXCHANGE ALLEY, RICHMOND VA 23219

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 09/09/1987	3a. Date of Last Report 05/01/1994
4. FET Number 54-1430422	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
7. Amended or New Filing of Report Florida Statutes ☐ Yes ☒ No	

2. Principal Office Address	2a. Mailing Address
21. State of Incorporation	25. State of Incorporation
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

81. Name	82. Street Address (P.O. Box Number, Not Acceptable)	83.	84. City	85. State	86. Zip Code
				FL	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original report of the corporation as required by the laws of the State of Florida. Such changes were authorized by the corporation's board of directors, officers, and agent, the undersigned, and registered agent, and are in accordance with the laws of the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS
NAME: D LAST: OURAISHI, SHAMID FIRST: ONE THEALL ROAD CITY: RYE NY	NAME: _____ LAST: _____ FIRST: _____ CITY: _____
NAME: D LAST: RICHARDS, ARTHUR V. FIRST: ONE THEALL ROAD CITY: RYE NY	NAME: _____ LAST: _____ FIRST: _____ CITY: _____
NAME: DP LAST: MCGLINNEY, DOUGLAS H. FIRST: 1309 EXCHANGE ALLEY CITY: RICHMOND VA	NAME: Kemeny, Robert LAST: Kemeny, Robert FIRST: Kemeny, Robert CITY: Kemeny, Robert
NAME: V LAST: THOMAS, JEFFREY L. FIRST: 1309 EXCHANGE ALLEY CITY: RICHMOND VA	NAME: _____ LAST: _____ FIRST: _____ CITY: _____
NAME: _____ LAST: _____ FIRST: _____ CITY: _____	NAME: _____ LAST: _____ FIRST: _____ CITY: _____
NAME: _____ LAST: _____ FIRST: _____ CITY: _____	NAME: _____ LAST: _____ FIRST: _____ CITY: _____
NAME: _____ LAST: _____ FIRST: _____ CITY: _____	NAME: _____ LAST: _____ FIRST: _____ CITY: _____
NAME: _____ LAST: _____ FIRST: _____ CITY: _____	NAME: _____ LAST: _____ FIRST: _____ CITY: _____

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 219.01 of the Florida Statutes. I further certify that the information is included on the annual report or supplemental annual report is true and accurate and that the corporation shall have the same reported on if made available. I am aware of the consequences of the corporation or the officer or the undersigned to provide the report as required by the Florida Statutes, and that any untrue statement made in the report is a crime and may be punishable by imprisonment, with or without a fine.

SIGNATURE: *[Signature]* **VT**
PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/2/95
004 644 104 P