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May 19 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 # J91397 (6)

1. Corporation Name  
AVENTURA THIS END UP, INC.

Principal Place of Business  
1309 EXCHANGE ALLEY  
RICHMOND VA 23219

Mailing Address  
1309 EXCHANGE ALLEY  
RICHMOND VA 23219-4130



3. Date Incorporated or Qualified 09/09/1987  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21  
2a. Mailing Address 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27  
23 City & State 28  
Zip Country Zip Country

24 25 29 30  
9. Name and Address of Current Registered Agent  
10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYES ST  
SUITE 105  
TALLAHASSEE FL 32301

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                      | D                              | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <del>RICHARDS, ARTHUR V.</del> | 1.2 NAME  |   |
| STREET ADDRESS             | <del>ONE THEALL ROAD</del>     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <del>RYE NY</del>              | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DP                             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KEMENY, ROBERT                 | 2.2 NAME  |   |
| STREET ADDRESS             | 1309 EXCHANGE ALLEY            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | RICHMOND VA                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V                              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | THOMAS, JEFFREY L.             | 3.2 NAME  |   |
| STREET ADDRESS             | 1309 EXCHANGE ALLEY            | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | RICHMOND VA                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 4.2 NAME  |   |
| STREET ADDRESS             |                                | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 5.2 NAME  |   |
| STREET ADDRESS             |                                | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 6.2 NAME  |   |
| STREET ADDRESS             |                                | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                | 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97 (804) 6441248

CR2E034 (9/96)