

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Candice B. McMan
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED

FILED

DOCUMENT # K36887

(3)

05 MAY 1995 3:32

AVENTURA WIZARD INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. Filing Agent's Name % LERMAN AND LERMAN, P.A. 48 E FLAGLER ST (PENTHOUSE 101) MIAMI FL 33131		2b. Mailed Address % LERMAN AND LERMAN, P.A. 48 E FLAGLER ST (PENTHOUSE 101) MIAMI FL 33131	
2. Filing Agent's Address	26. Mailed Address	3. Filing Agent's Phone Number	3a. Date of Last Report
21. State of Filing Agent	26. State of Filing Agent	4. FIC Number	5. Certificate of Status Desired
22. Filing Agent's Title	27. Filing Agent's Title	6. Filing Agent's License Number	6. Filing Agent's License Number
23. Filing Agent's License Number	28. Filing Agent's License Number	7. Filing Agent's License Number	7. Filing Agent's License Number
24. Filing Agent's License Number	29. Filing Agent's License Number	8. Filing Agent's License Number	8. Filing Agent's License Number
25. Filing Agent's License Number	30. Filing Agent's License Number	9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LERMAN, JORGE
48 E FLAGLER ST
PH 101
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name

82. Street Address, P.O. Box Number or Post Office

83. City

84. State

85. Zip Code

11. I, the undersigned, the president, secretary, treasurer, or a director of the corporation, hereby certify that the above named corporation, duly organized under the laws of the State of Florida, has duly authorized me to execute this statement for the purpose of changing its registered office from within and without the jurisdiction of such state of Florida.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADDITIONAL OFFICER AND DIRECTOR
NAME	NAME
ADDRESS	ADDRESS
PHONE	PHONE
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
PHONE	PHONE
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
PHONE	PHONE
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
PHONE	PHONE
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
PHONE	PHONE
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
PHONE	PHONE
DATE	DATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct for the reporting period stated on the front of this statement. I further certify that the information is true and correct for the reporting period stated on the front of this statement and that the information is true and correct for the reporting period stated on the front of this statement.

SIGNATURE: *Jeni Lerman* **Resident** **5/1/95** **3736174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JENI LERMAN