

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 30 1997 8:00 am
Secretary of State

DOCUMENT # M97601 (2)

1. Corporation Name
COLLEY AVENTURA L-2 C, INC.

Principal Place of Business
888 SEVENTH AVENUE, SUITE 3400
NEW YORK NY 10106-0199

Mailing Address
888 SEVENTH AVENUE, SUITE 3400
NEW YORK NY 10106



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1988		3a. Date of Last Report 04/10/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 02-0436689		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NATIONAL CORPORATE RESEARCH, LTD 1201 HAYS STREET SUITE 2 TALLAHASSEE FL 32301				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLOD, MICHAEL A	1.2 NAME	
STREET ADDRESS	888 SEVENTH AVENUE, SUITE 3400	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10106-0199	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORY, JUDITH	2.2 NAME	
STREET ADDRESS	888 SEVENTH AVENUE, SUITE 3400	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10106-0199	2.4 CITY-ST-ZIP	
TITLE	TASD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, KEVIN	3.2 NAME	
STREET ADDRESS	888 SEVENTH AVENUE, SUITE 3400	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10106-0199	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOTO-WERSAL, ANTONIA L	4.2 NAME	
STREET ADDRESS	888 SEVENTH AVENUE, SUITE 3400	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEW YORK NY 10106-0199	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: Judith Bory **REQUIRED** Judith Bory 1/10/97 212-333-2100

CR2E034 (9/96)