

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **P25980**

(4)

1. Corporation Name

**COLLEY AVENTURA, INC.**

Principal Place of Business

**C/O THE BROADSTONE GROUP, INC.  
888 7TH AVE. STE 3400  
NEW YORK NY 10106**

Mailing Address

**C/O THE BROADSTONE GROUP, INC.  
888 7TH AVE. STE 3400  
NEW YORK NY 10106**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/11/1989**

3a. Date of Last Report

**01/31/1995**

4. FEI Number

**13-3534960**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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

10. Name and Address of New Registered Agent

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, date of registration

NOTE: Registered Agent Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☒ DELETE

NAME **DELBENE, GERARD N**  
STREET ADDRESS **888 SEVENTH AVENUE, SUITE 3400**  
CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE **D/V** ☐ Change ☒ Addition

1.2 NAME **BORY, JUDITH**  
1.3 STREET ADDRESS **888 SEVENTH AVE., SUITE 3400**  
1.4 CITY-ST-ZIP **NEW YORK, NY 10106**

TITLE **DP** ☐ DELETE

NAME **MOLLOD, MICHAEL**  
STREET ADDRESS **888 7TH AVE STE 3400**  
CITY-ST-ZIP **NEW YORK NY**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE

NAME **SPOTO, ANTONINA L**  
STREET ADDRESS **888 7TH AVE STE 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 **TAS** ☒ DELETE

NAME **RICCI, MICHAEL**  
STREET ADDRESS **888 SEVENTH AVENUE, SUITE 3400**  
CITY-ST-ZIP **NEW YORK NY**

4.1 TITLE **D/T/TAS** ☐ Change ☒ Addition

4.2 NAME **COLLINS, KEVIN**  
4.3 STREET ADDRESS **888 SEVENTH AVE., SUITE 3400**  
4.4 CITY-ST-ZIP **NEW YORK, NY 10106**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/17/96

212-333-2100

DATE

DAY/PHONE #

CR2E034 (12/95)