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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000014003 (7)

1. Corporation Name

AVENTURA L.T., INC.



Principal Place of Business

ONE THEALL ROAD
RYE NY 10580

Mailing Address

SIX BRIGHTON ROAD
P.O. BOX 5108
CLIFTON NJ 07015
US

3. Date Incorporated or Qualified
12/24/1992

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

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 HAYS STREET
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 607.0802 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 translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME AXELROD, NORMAN
STREET ADDRESS SIX BRIGHTON ROAD
CITY-STATE-ZIP CLIFTON NJ

TITLE VP ☐ DELETE
NAME GILES, WILLIAM
STREET ADDRESS SIX BRIGHTON ROAD
CITY-STATE-ZIP CLIFTON NJ

TITLE S ☐ DELETE
NAME DICK, DAVID
STREET ADDRESS SIX BRIGHTON ROAD
CITY-STATE-ZIP CLIFTON NJ

TITLE D ☒ DELETE
NAME BRENNAN, MICHAEL
STREET ADDRESS ONE THEALL ROAD
CITY-STATE-ZIP RYE NY

TITLE D ☐ DELETE
NAME RICHARDS, ARTHUR
STREET ADDRESS ONE THEALL ROAD
CITY-STATE-ZIP RYE NY

TITLE D ☒ DELETE
NAME QURAESHI, SHAHID
STREET ADDRESS ONE THEALL ROAD
CITY-STATE-ZIP RYE NY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID DICK

1-25-96

201 778 1300

Date

Telephone #

CR2E034 (12/95)