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

DOCUMENT #

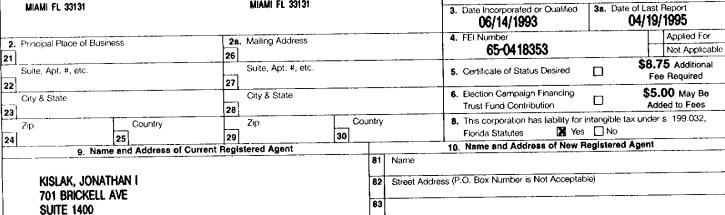
1. Corporation Name

P93000041747 (5)

NEW ORLEANS VENTURE CORPORATION

Principal Place of Business 701 BRICKELL AVE SUITE 1400 MIAMI FL 33131 Mailing Address

701 BRICKELL AVE SUITE 1400 MIAMI FL 33131



MIAMI FL 33131

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.

IGNATURE SI	ignature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required	d when reinstating) DATE
2.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
LF.	D DELE	TE 1. 1 TITLE	Change Addition
ME	KISLAK, JONATHAN I	1.2 NAME	
REET ADDRESS	701 BRICKELL AVE SUITE 1400	1.3 STREET ADDRESS	
Y-SI-7IP	MIAMI FL 33131	1.4 CfTY - ST - ZIP	
LE	☐ DELE	ETE 2. 1 TITLE	Change Addition
.NE		22 NAME	
IREET ADDRESS		23 STREET ADDRESS	
TY -ST-ZiP		2.4 CITY-ST-ZIP	
TLE	DELI	ETE 3. 1 TITLE	Change Additio
AME		3 2 NAME	
REET ADDRESS		3.3. STREET ADDRESS	
TY-ST-ZIP		3.4 CITY - ST - ZIP	
ILE	☐ DEL	ETE 4.1 TITLE	Change Additio
AME		4.2 NAME	
TREET ADDRESS		43 STREET ADDRESS	
HTY - ST - ZIP		4.4 CITY - ST - ZIP	
1LF	☐ DEL	ETE 5. 1 TITLE	Change Addition
AME		5.2 NAME	
THEFT ADDRESS		5.3 STREET ADDRESS	
ITY - \$1 - ZIP		5.4 CITY-ST-ZIP	
11-51-21r	DEL	ETE 6. 1 TITLE	Change Addition
AME		6.2 NAME	
TREET ADDRESS		6.3 STREET ADDRESS	
		64 CITY - ST - ZIP	for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further

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)(i). Profide Statutes, Indian 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 cath; 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 12 if changed, or or an attachment with an address.

SIGNATURE: X

MED NAME OF SIGNING OFFICER OF DIRECTOR

75/96 372-345

;R2E034 (12/95)