

33-97 B-2538-C
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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P93000079555 (7)

1. Corporation Name
AVENTURA PIZZA, INC.



Principal Place of Business
**2875 NE 191ST ST
 STE 400
 AVENTURA FL 33180
 US**

Mailing Address
**2875 NE 191 ST
 #400
 AVENTURA FL 33180-2831
 US**

3. Date Incorporated or Qualified
11/12/1993

3a. Date of Last Report
02/06/1996

4. FEI Number
65-0451613

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent
**SOFFER, MARSHA S
 19551 N.E. 37 AVE.
 AVENTURA FL 33180**

10. Name and Address of New Registered Agent

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PT SOFFER, MARSHA S**

STREET ADDRESS **19551 N.E. 37 AVE.**

CITY-ST-ZIP **AVENTURA FL 33180**

TITLE DELETE

NAME **SEC SOFFER, JACQUELYN R**

STREET ADDRESS **19355 TURNBERRY WAY #23 F**

CITY-ST-ZIP **AVENTURA FL 33180**

TITLE DELETE

NAME **DC SOFFER, JEFFREY M**

STREET ADDRESS **20281 E. COUNTRY CLUB DR. #1805**

CITY-ST-ZIP **AVENTURA FL 33180**

TITLE DELETE

NAME **D SOFFER, BROOK L**

STREET ADDRESS **19707 TURNBERRY WAY #TS4**

CITY-ST-ZIP **AVENTURA FL 33180**

TITLE DELETE

NAME **D SCHWARTZ, BARRIE L**

STREET ADDRESS **19707 TURNBERRY WAY #TH1**

CITY-ST-ZIP **AVENTURA FL 33180**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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: *Marsha Soffer* **2-18-97** **305-937-6200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)