

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000079555 (7)
 1. Corporation Name
AVENTURA PIZZA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2875 NE 191ST ST STE 400 AVENTURA FL 33180 US		Mailing Address 2875 NE 191 ST #400 AVENTURA FL 33180 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified
11/12/1993

4. FEI Number
65-0451613

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SOFFER, MARSHA S
18551 N.E. 37 AVE. *1616 W 28th ST*
AVENTURA FL 33180 *Miami Beach FL 33140*

10. Name and Address of New Registered Agent

81 Name **SOFFER, MARSHA S.**

82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 400

83 **2875 NE 191 ST.**

84 City **AVENTURA** FL 85 Zip Code **33180**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	SOFFER, MARSHA S	<i>SUITE 400</i>
STREET ADDRESS	18551 N.E. 37 AVE.	<i>2875 NE 191 ST.</i>
CITY-ST-ZIP	AVENTURA FL 33180	<i>Miami Beach FL 33180</i>
TITLE	SEC	<input type="checkbox"/> DELETE
NAME	SOFFER, JACQUELYN R	
STREET ADDRESS	19355 TURNBERRY WAY #23 F	
CITY-ST-ZIP	AVENTURA FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SOFFER, JEFFREY M	<i>209 E Dilido Dr</i>
STREET ADDRESS	26281 E. COUNTRY CLUB DR. #1805	<i>Miami Beach FL</i>
CITY-ST-ZIP	AVENTURA FL 33180	<i>33159</i>
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOFFER, BROOKEL	
STREET ADDRESS	19707 TURNBERRY WAY #164	<i>20066 NE 36 PL</i>
CITY-ST-ZIP	AVENTURA FL 33180	<i>Aventura FL 33180</i>
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, BARRIE L	
STREET ADDRESS	19707 TURNBERRY WAY #TH156	<i>Warren ST #4E</i>
CITY-ST-ZIP	AVENTURA FL 33180	<i>N4 NY 10007</i>
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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* **PRES.** *2-16-98* **305-937-6200**

CF2E034 (10/97)