

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90010 035 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000079555

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~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **19501 BISCAYNE BLVD**

2a. Mailing Address
 26 **19501 BISCAYNE BLVD**

Suite, Apt. #, etc.
 27 ~~SUITE 400~~

City & State
 23 **AVENTURA FL**

Zip Country
 24 **33180** 25 **US**

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SOFFER, MARSHA S
~~2875 NE 191ST ST~~
STE 400
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
19501 BISCAYNE BLVD

83 **STE 400**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOFFER, MARSHA S	1.2 NAME	
STREET ADDRESS	2875 NE 191ST ST STE 400	1.3 STREET ADDRESS	19501 BISCAYNE BLVD, STE 400
CITY-ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOFFER, JACQUELYN R	2.2 NAME	
STREET ADDRESS	19355 TURNBERRY WAY #23 F	2.3 STREET ADDRESS	19501 BISCAYNE BLVD, STE 400
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOFFER, JEFFREY M	3.2 NAME	
STREET ADDRESS	209 E DILDO DR	3.3 STREET ADDRESS	19501 BISCAYNE BLVD, STE 400
CITY-ST-ZIP	MIAMI BCH FL 33139	3.4 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOFFER, BROOK L	4.2 NAME	BROOKE L. SOFFER
STREET ADDRESS	20000 NE 38TH PL	4.3 STREET ADDRESS	19501 BISCAYNE BLVD, STE 400
CITY-ST-ZIP	AVENTURA FL 33180	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, BARRIE L	5.2 NAME	
STREET ADDRESS	50 WARREN ST #4E	5.3 STREET ADDRESS	19501 BISCAYNE BLVD, STE 400
CITY-ST-ZIP	NEW YORK NY 10007	5.4 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *W. S. Soffer* **REQUIRED** 3/12/99 305-937-6200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

02/02/99

CR2E034 (1/1/98)