

**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 # **P95000014750 (0)**

1. Corporation Name

**AVENTURA OFFICE BUILDING, INC.**



Principal Place of Business

Mailing Address

7400 S.W. 88TH ST.  
SUITE 410  
MIAMI FL 33156

7400 S.W. 88TH ST.  
SUITE 410  
MIAMI FL 33156

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

**SEGAL, IRA**  
7400 S.W. 88TH ST.  
SUITE 410  
MIAMI FL 33156

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 607.0502 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

Signature, typed or printed name of registered agent and title are applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [ ] DELETE  
NAME SEGAL, IRA  
STREET ADDRESS 7400 S.W. 88TH ST., #410  
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE D [ ] DELETE  
NAME PUCKETT, LAWRENCE P  
STREET ADDRESS 7400 S.W. 88TH ST., #410  
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE D [ ] DELETE  
NAME SCHILLINGER, JACK  
STREET ADDRESS 7400 S.W. 88TH ST., #410  
CITY-ST-ZIP MIAMI FL 33156

3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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4-16-96 JR

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 as changed, or on an attachment with an address.

SIGNATURE:

*IRA SEGAL V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96  
DATE

305-670-1895  
TELEPHONE NUMBER

CR2E034 (12/95)