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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600085421 (1) AVENTURA CARE INC.

**SIGNATURE:** 

AVENTU	RA CARS, INC.							
Principal Place	of Business	Mailing Address		***************************************		ile <b>goldi (d</b> eda <b>d</b> elli <b>dil</b> i)	ID 14001 FIEH 1001	
9362 N.W. SOUTH RIVER DRIVE MIAMI FL 33166		9362 N.W. SOUTH RIVER DRIVE MIAMI FL 33186-2002						
					3. Date Incorporated or Qualified 10/14/1996	3a. Date of La	ast Report	
2. Principa Place of Business		2a. Mailing Address 26			4. FEI Number 65-07/9895 Applied For Not Applicable			
Suite, Apt. # etc. 12		Suite, Apt. #, etc.	27			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	; 	City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be Ided to Fees	
Zф 24]	Country 25		Count <b>30</b>	ry		☐ Yes ☐ No	der s. 199.032,	
	9. Name and Address of Curren	Registered Agent		41 Ni	10. Name and Address of New R	gistered Agent	·····	
	HART, DAVID J				Name			
100 NORTH BISCAYNE BLVD. SUITE 2600			8					
MIA	MI FL 33132		8	3				
			8	4 City		FL 85	Zip Code	
11. Pursuant t	o the provisions of Sections 6071050	and 607 1508. Florida Statute	s the abo	ve-named core	ogration submits this statement for the	Dirrose of chann	ing its registered	
office or n	egistered agent, or both, in the Syla	Florida, Such change was a	uthorized i	by the corporal	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointmen	nt as registered	
	at autiliar with and accept frequent	pions or, section 607.0303, no •	noa statut	<b>#</b> 5.		2/20/0	ı.	
SIGNATURE	Sopransi i gjent re preke tradisi di gjeter degje	of and little of applicability (NOTE	: Fk-g stered A	gent signature requi	ired when reinstating)	DATE	<u>'</u>	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	U 51 DAZ 10440 5	☐ DELETE	1.1 TITLE			Cha	enge L Addition	
NAME	ELBAZ, ISAAC E 9362 N.W. SOUTH RIVER DRIV	IC	1.2 NAM					
STREET ADDRESS	MIAMI FL 33168	Œ		ET ADDRESS				
CHY - S1 - 749	MIAMI FL 33100	☐ DELETE	1.4 CITY			☐ Cha	ange	
BIOS NAME			2 1 TITLE 2.2 NAM			∟ он	inge 🗀 Addition	
STREET ADDRESS				ET ADDRESS				
CHY-S1-7IP				-ST-ZIP				
TILE		DELETE	3.1 TITLE			Cha	ange Addition	
NAME .			3.2 NAM	E			-	
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY+S1+7IP			3.4 CITY	-ST-ZIP				
TOTAL .		☐ DELETE	4.1 Totle			Cha	ange Addition	
NAM:			4. 2 NAM	IE				
STREET ADDRESS				et address				
City-St Zir		DELETE	4.4 CITY			T inc.	nas III kalakan	
illei NANGE		☐ DELETE	5.1 TITLE			L. Cha	ange Addition	
NAME STREET ADDRESS			5.2 NAM 5.3 STOR	ET ADDRESS				
CITY-ST ZIP			5.4 CITY					
TITLE		DELETE	6.1 TITLE		P <del>riticular and a second a second and a second a second and a second a second and a second and a second and a</del>	☐ Cha	ange Addition	
NAM:		•	6.2 NAM				<del>-</del>	
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CHY-\$1-7IP			6.4 CITY					
14. I do heret	by certify that the information supplied	with this filing does not qualify	v for the e	remotion states	d in Section 119.07(3)(i), Florida Statut	as. I further certify	that the	
Lam an of appears in	illicer or director of the corporation or n Block 12 or Block 13 if changed, or	the recollegic trustee empowers and schement with an add	ered to exe ress.	ecute this repo	t my signature shall have the same leg rt as required by Chapter 607, Florida	Statutes; and that	my name	

HLOURED