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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90004 007 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000024071

1. Corporation Name  
**AVENTURA INTERNATIONAL BUSINESS CENTER, INC.**



Principal Place of Business: 2875 N.E. 191 STREET, PH3A AVENTURA FL 33180  
 Mailing Address: 2875 N.E. 191 STREET, PH3A AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/13/1998**

4. FEI Number: **65-0850929**  
 Applied For:  Not Applicable:

2. Principal Place of Business: 21  
 2a. Mailing Address: 26

Suite, Apt. #, etc.: 22  
 Suite, Apt. #, etc.: 27

City & State: 23  
 City & State: 28

Zip: 24 Country: 25  
 Zip: 29 Country: 30

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

10. Name and Address of New Registered Agent

**ROUSSO, MARK E ESO**  
 2875 N.E. 191 STREET  
 AVENTURA FL 33180

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	ROUSSO, MARK E	1.2 NAME	Boulanger, Lauris
STREET ADDRESS	2875 N.E. 191 STREET, PH3A	1.3 STREET ADDRESS	1906 NE 147th St N. MI
CITY-ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	N. Miami FL 33181
TITLE	DVP	2.1 TITLE	Vice President
NAME	BOULANGER, LAURIS	2.2 NAME	Mark Roussso
STREET ADDRESS	2875 N.E. 191 STREET, PH3A	2.3 STREET ADDRESS	2875 NE 191st Street PH3A
CITY-ST-ZIP	AVENTURA FL 33180	2.4 CITY-ST-ZIP	Aventura FL 33180
TITLE	DS	3.1 TITLE	
NAME	SAAL, JOSE NORBERTO	3.2 NAME	
STREET ADDRESS	2875 N.E. 191 STREET, PH3A	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)