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

**FILED PROFIT** Apr 29 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # V30256 **AVENTURA ACQUISITION CORPORATION** Principal Place of Business Mailing Address 20801 BISCAYNE BLVD 20801 BISCAYNE BLVD SUITE 302 SUITE 302 DO NOT WRITE IN THIS SPACE **AVENTURA FL 33180 AVENTURA FL 33180** 3. Date Incorporated or Qualified 04/21/1992 2. Principal Place of Business 2a. Mailing Addres FEI Number Applied For 26 120 E 144 IONDARO BURH BYO 65-0334537 1250 E. HANDAND BEAC Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees B. 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 10. Name and Address of New Registered Agent Namo ROBERT BRYAN, PA 815 NW 57TH AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 201 83 **MIAMI FL 33126** 84 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 Horida. 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 if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition Lechter Robert 1250 E. Hallawale Beach Blud., Ste 809 LECHTER, ROBERT 1.2 NAME STREET ADDRESS 20801 BISCAYNE BLVD. SUITE 302 1.3 STREET ADDRESS Hallaudale **AVENTURA FL 33180** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE URRUELA NAME URRUELA, JUAN 2.2 NAME 1250 E. HAllandale BeachBlud., St. 809 20801 BISCAYNE BLVD., SUITE 302 STREET ADDRESS 2.3 STREET ADDRESS AVENTURA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-2(P DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental annual report is true and discurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the cociever of the receiver of the rece

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LECHTER PRIDER

☐ Change

Addition