

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90015 043 \*\*\*150.00

DOCUMENT # V30256

1. Corporation Name  
AVENTURA ACQUISITION CORPORATION

Principal Place of Business  
1250 E HALLANDALE BEACH BLVD  
SUITE 809  
HALLANDALE FL 33009  
US

Mailing Address  
1250 E HALLANDALE BEACH BLVD  
SUITE 809  
HALLANDALE FL 33009  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1992

4. FEI Number  
65-0334537

Applied For  
Not Applicable

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

2. Principal Place of Business  
21 1150B E HALLANDALE BEACH BLVD  
Suite, Apt. #, etc.

2a. Mailing Address  
25 1150B E HALLANDALE BEACH BLVD  
Suite, Apt. #, etc.

City & State  
23 HALLANDALE FL

City & State  
28 HALLANDALE FL

Zip Country  
24 33009 25 USA

Zip Country  
29 33009 30 USA

9. Name and Address of Current Registered Agent

ROBERT BRYAN, PA  
815 NW 57TH AVE  
SUITE 201  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name  
ROBERT LECHTER

82 Street Address (P.O. Box Number is Not Acceptable)  
1150B E HALLANDALE BEACH BLVD

83

84 City  
HALLANDALE FL 85 Zip Code  
33009

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE PD  
NAME LECHTER, ROBERT  
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 809  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE SD  
NAME URRUELA, JUAN  
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 809  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME LECHTER, ROBERT  
1.3 STREET ADDRESS 1150B E HALLANDALE BEACH BLVD  
1.4 CITY-ST-ZIP HALLANDALE FL 33009

2.1 TITLE SD  
2.2 NAME URRUELA, JUAN  
2.3 STREET ADDRESS 1150B E HALLANDALE BEACH BLVD  
2.4 CITY-ST-ZIP HALLANDALE FL 33009

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0122881