

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

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

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

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1150B E HALLANDALE BEACH BLVD Suite, Apt. #, etc. 22 City & State 23 HALLANDALE FL Zip 24 33009 Country 25 USA	2a. Mailing Address 26 1150B E HALLANDALE BEACH BLVD Suite, Apt. #, etc. 27 City & State 28 HALLANDALE FL Zip 29 33009 Country 30 USA
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3. Date Incorporated or Qualified 04/21/1992	4. FEI Number 65-0334537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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: ROBERT LECHTER DATE: 4/27/99  
Signature typed or printed name of registered agent and office, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LECHTER, ROBERT	
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD STE 809	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	URRUELA, JUAN	
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD STE 809	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ROBERT LECHTER DATE: 4/27/99 DAYTIME PHONE #: 9549553660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)