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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V70708

1. Corporation Name
AVENTURA CONSTRUCTION CORP.

Principal Place of Business
2800 BISCAYNE BLVD
530
MIAMI FL 33137
US

Mailing Address
P O BOX 800052
AVENTURA FL 33280

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1992

4. FEI Number
65-0416183

Applied For
No 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. 4598 Hiatus Road
Suite, Apt. #, etc.

2a. Mailing Address
26. Suite, Apt. #, etc.

22. City & State
23. Sunrise, Florida

27. City & State
28. Sunrise, Florida

24. 33351
25. USA

29. Zip
30. Country

9. Name and Address of Current Registered Agent

LOPEZ, CARY O.
2800 BISCAYNE BLVD
SUITE 530
MIAMI FL 33137

10. Name and Address of New Registered Agent

81. Name Cary O. Lopez
82. Street Address (P.O. Box Number is Not Acceptable) 4598 Hiatus Road
83. City Sunrise
84. City Sunrise FL 85. Zip Code 33351

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: Cary O. Lopez DATE: 4/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	
NAME	LOPEZ, CARY O	1.2 NAME	
STREET ADDRESS	2800 BISCAYNE BLVD #530	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	
TITLE	S	2.1 TITLE	
NAME	WILLIAMS, ROSALINE	2.2 NAME	
STREET ADDRESS	2800 BISCAYNE BLVD #530	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cary O. Lopez, President DATE: 4/26/99

CR2E034 (11/98)