FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:06

DOCUMENT # 729436 (6)

1. Corporation Name
AURA APARTMENTS, INC.

Principal Place of Business	Mailing Address
901 SOUTH B STREET LAKE WORTH FL 33460-4786	901 SOUTH B STREET LAKE WORTH FL 33460-4786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1974	3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0046663	☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required.
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TUOMINEN, (PAAVO B.)
929 SOUTH "N" STREET
LAKE WORTH FL

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	KAUHANEN, MARTIN
STREET ADDRESS	901 SOUTH B STREET
CITY-ST-ZIP	LK WORTH, FL 00000
TITLE	PD
NAME	VIITANEN, LAURI
STREET ADDRESS	901 SOUTH B STREET
CITY-ST-ZIP	LK WORTH, FL 00000
TITLE	SD
NAME	KAUHANEN, EILA
STREET ADDRESS	901 SOUTH B STREET
CITY-ST-ZIP	LK WORTH, FL 00000
TITLE	VD
NAME	KONTUNEN, TAIMI
STREET ADDRESS	901 SOUTH B STREET
CITY-ST-ZIP	LK WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	☒ Change ☐ Addition
4.2 NAME	LEHTONEN, OLLIE	
4.3 STREET ADDRESS	901 SOUTH B ST.	
4.4 CITY-ST-ZIP	LAKE WORTH, FL.	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Martin Kauhanen MARTIN KAUHANEN Feb. 6/95 (407) 582-3569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050765