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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90053 042 ***150.00 **Katherine Harris** Secretary of State

DOCUMENT # P9200002675 1. Corporation Name 4101 AURORA CORP. Principal Place of Business Mailing Address 701 BRICKELL AVE STE. 3150 MIAMI FL 33131 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/06/1992		
Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For
26					65-0368872		Applicable
		Suite, Apt. #, etc.	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27	01. 9 01-1-			Fee Rec	
City & State 28		⊢ ¬ ′	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country Zip Cou			•	8. This corporation owes the current year Inta		□No
24	25	29 3	0		Personal Property Tax. 10. Name and Address of New Registered A		
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New York		
CMC	GROUP INC		93	Chan at A	ddress (B.O. Bay Number is Not Accentable)		
701 BRICKELL AVE			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
STE 3150			83				1
MIAMI FL 33131			84	City		85 Zip C	ode
				' '	<u> </u>	1 1	
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.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12
TITLE	P DELETE		1,1 TITLE			Change	L. Addition
NAME	COLOMBO, UGO		1.2 NAME				
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CITY-ST-ZIP	· ·			ST-ZiP	in the second of		
TITLE			3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME	1			
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CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP		Change	Addition
TITLE	•₩	☐ DELETE	4.1 TITLE			□ Cilgilge	
NAME			4. 2 NAME			*	i
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STREET ADDRESS	5.		5.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE	,	☐ DELETE	6.1 TITLE	T	• •	Change	Addition
NAME			6.2 NAME			,	
STREET ADDRESS				TADDRESS	•		
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP	is Continue 140 07/2V/) Elected Statutes I further cont	if the state of th	

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 informationated 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: