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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000043523 (8)

1. Corporation Name
AURORA BOREALIS INC.

Principal Place of Business Mailing Address

1075 N.E. 125TH ST.
SUITE 201
NORTH MIAMI FL 33161

1075 N.E. 125TH ST.
SUITE 201
NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **1107 NE 34 Ct.** 26 **1107 NE 34 Ct**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **Fort Lauderdale FL** 28 **Fort Lauderdale FL**

Zip Country Zip Country

24 **33334** 25 **USA** 29 **33334** 30 **USA**

3. Date Incorporated or Qualified 3a. Date of Last Report

06/21/1993 **05/01/1994**

4. FEI Number Applied For

65-0420990 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

DE MENEZES, ROBERTO C
3015 NORTH OCEAN BLVD.
#11-B
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

FL **33334**

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 _____ DATE _____

Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D

NAME **DE MENEZES, ROBERTO C**

STREET ADDRESS **3015 N. OCEAN BLVD #11B**

CITY - ST - ZIP **FT. LAUDERDALE FL 33308**

TITLE D

NAME **GIBSON, CHARLES E**

STREET ADDRESS **18151 N.E. 31ST CT. 1012**

CITY - ST - ZIP **N MIAMI BEACH FL 33160**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE Change Addition

22 NAME **Marcel B. Menezes**

23 STREET ADDRESS **1107 NE 34 CT.**

24 CITY - ST - ZIP **Fort Lauderdale, FL, 33334**

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(b), 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: *[Signature]* **V. PRES.** **04.17.95** **(305) 566-4664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone/Fax #