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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000043523**

1. Corporation Name AURORA BOREALIS INC.

SIGNATURE:

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90131 050 ***150.00



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فه ممسا⊟ اساد د	f Business	Mailing Address							
rincipal Place of		1827 PONCE DE LEON BLVD.				~ ~ ~	4.CE		
1827 PONCE DE LEON BLVD. CORAL GABLES FL 33134 US		CORAL GABLES FL 33134	CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE			
		US			3. Date Incorporated or Qualifed				
3					06/21/1993		Applied	Enr	
		- La ilia Addroso			4. FEI Number			plicable	
. Principal Plac	e of Business	2a. Mailing Address			65-0420990		\$8.75 Addit		
i]					5. Certificate of Status Desired		Fee Requir		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Besides				
2		27			6. Election Campaign Financing		\$5.00 May	/ Be	
City & State		City & State			Trust Fund Contribution		Added to Fe		
3		28	Country		8. This corporation owes the curre	ent year Intan	gible Yes	No.	
Zip	Country	Zip 30	¬ ' '		Personal Property Tax.	L			
4]	25		<u>'</u>		10. Name and Address of New F	Registered Ag	gent		
<u> </u>	9. Name and Address of Curr	ent Registered Agent	81	Name			-		
			1		ess (P.O. Box Number is Not Accept	able)			
MENE	ZES, MARLI B		82	Street Addr	ess (P.O. Box Number is Net 1 is a				
10234	4 NW 57 ST		83			_			
#101:	2		83				85 Zip Coo	ie	
MIAM	II FL 33178		84	City		FL	1 1		
					basis this statement for the	purpose of c	hanging its re	gistered	
11. Pursuant to	agistered agent, or both, in the Start for familiar with, and accept the ob	ate of Florida. Such change was autiligations of, Section 607.0505, Florid	a Statutes.	ile corporan	ooration submits this statement for the on's board of directors. I hereby acce				
			t to and Amont	eigneture require	ed when reinstating)	DATE		C IN 12	
SIGNATURE	Signature, typed or printed name of registered	agent and use a application	13.	angridion a requ	ad when reinstating) ADDITIONS/CHANGES TO O	FFICERS AN	☐ Change	Addition	
12.	OFFICERS	AND DIRECTORS	1.1 TITLE	T			Ciranão		
TITLE	P	C) DELETE		Ì					
			4.2 MAME	1					
	MENEZES, ROBERTO C		1.2 NAME	ADDRESS					
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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 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, of on an attachment with an address, with all other like empowered.

MARCUSAMENEZES