SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 29 AM 8:52

DOCUMENT # P94000023368 (1)

1. Corporation Name

AUROFUND, INC.

Principal Place of Business

[redacted]
300 Sevilla # 200
Coral Gables Fl 33134

Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 300 Sevilla
Suite, Apt. #, etc.
22: Suite # 200
City & State
23: Coral Gables
Zip 24: 33134 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 65-048 1923 ☐ Applied For ☐ 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

[redacted]

10. Name and Address of New Registered Agent

81 Name: Ruben SAAVEDRA
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2550 NW 13 st # 241
84 City: MIAMI FL 85 Zip Code: 33125

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: Ruben Saavedra — Jun 25, 95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR	☑ Change ☑ Addition
NAME	[redacted]	12 NAME	Ruben SAAVEDRA	
STREET ADDRESS	[redacted]	13 STREET ADDRESS	2550 NW 13 st # 241	
CITY-ST-ZIP	[redacted]	14 CITY-ST-ZIP	MIAMI FL 33125	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruben Saavedra — Jun 25, 95 — 305-441 2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ruben SAAVEDRA

0003617 CP