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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000067283 (9)

1. Corporation Name
AURORA FILM EQUIPMENT RENTAL CO., INC.



Principal Place of Business
1992 NE 148TH TERRACE
NO. MIAMI FL 33181

Mailing Address
1992 NE 148TH TERRACE
NO. MIAMI FL 33181-1135

3. Date Incorporated or Qualified
09/13/1994

3a. Date of Last Report
05/14/1996

2. Principal Place of Business
21 1200 S.W. 129TH WAY
Suite, Apt. #, etc.

2a. Mailing Address
26 1200 S.W. 129TH WAY
Suite, Apt. #, etc.

4. FEI Number
65-0519877

Applied For
Not Applicable

22 City & State
DAVIE, FL

27 City & State
DAVIE, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip
33325

28 Zip
33325

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 U.S.

29 U.S.

30 U.S.

9. Name and Address of Current Registered Agent

ARATA, JAMES D
1992 NE 148TH TERRACE
NO. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name JAMES D. ARATA
82 Street Address (P.O. Box Number is Not Applicable)
1200 S.W. 129TH WAY
83
84 City DAVIE, FL 85 Zip 33325

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D ARATA, JAMES D	C/O 1992 NE 148TH TERRACE	NO MIAMI FL 33181	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	P/T/S/D	ARATA, JAMES, D	1200 S.W. 129TH WAY	<input type="checkbox"/>	<input type="checkbox"/>
		DAVIE, FL	33325	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97 (954) 609-5818

Date

Daytime Phone #

0248412

CP2E034 (9/96)