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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062701 (4)

AURORA ACADEMY INSTITUTE INC.

FILED Apr 15 1997 8:00am Secretary of State



							MARKA MILITA KATIK KADIL D	8481 1181 1881
Principal Place of Business Mailing Address								
3280 BIRD AVE COCONUT GRO	'E NOVE FL 33133	3280 BIRD AVE COCONUT GROVE FL 33133-4444						
						3. Date Incorporated or Qualified 08/11/1995	3a. Date of Las 08/08/1996	
2. Principal F	Ptace of Business	2a. Mailing Ad	ddress			4. FEI Number		Applied For
i]		26				65-0675061		Not Applicable
Suite, Apt	L #, etc.	Suite, Apt				5. Certificate of Status Desired		5 Additional Required
City & Stat	rte.	City & Sta	t e			6. Election Campalgn Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zıp		Country		8. This corporation has liability for		r s. 199.032,
<u> </u>	25	29		30			Yes No	
	g. Name and Address of Cu	irrent Registered Ager	nt 	81	Name	10. Name and Address of New Re	gieterea Agent	*************
	RNA, DEBORAH G			61	name			
	7 BRICKELL AVE #505			62	Street Add	iress (P.O. Box Number is Not Acceptat	ole)	
MIA	VMI FL 33129			83				
				63				
				84	City		garage 85 Z	ip Code
						poration submits this statement for the pation's board of directors. I hereby accept	FL 60 6	
SIGNATURE	Enj. July Copins of paint main of Freguen	ed agent and litten' applicable S AND DIRECTORS	31 O/I)	Registered Age	ant signature requ	pired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	ORS IN 12
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4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.0 (3)(i), Florida Statutes. 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 have no 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 Byck 13 if chapted, or on an attachazont with an address.

SIGNATURE: Niberal Sal

1-9-97 Date

Daytime Phone #