## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

% 2001 SOUTH BAYSHORE DR.

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000022350 (8)

AURORA HOLDINGS, INC.

Principal Place of Business

24-2601 SOUTH BAYSHORE OR

SUITE 1800 SHITE 1800 MIAMI FL 33133 MIAMLEL 33133 3. Date Incorporated or Qualified \$a. Date of Last Report 03/05/1996 Applied For 2a. Mailing 4. FEI Number Principal Place of Bus Not Applicable 26 \$8.75 Additional Suite, Apt 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees 28 Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 29 g. Name and Address Name and Address of New Registered Agent of Current Registered Agent 81 Name A Z REGISTERED AGENT CORPORATION 2601 SOUTH BAYSHORE DRIVE Stree 82 SUITE 1000 63 TATAMIT PL 39133 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 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 agent, a markamiliar with, and accept the publications of Section 607.0505, Florida Statutes.

SIGNATURE

Signal et. by lide of Florida James of regulated agent and publicable (NOTE: Registered Architecture). stered ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIF 96/6) 13 12. DELETE Change Addition 1.1 TITLE D TITLE LAMAR, LUIS B 1.2 NAME NAME 601 TIZIANO AVE. 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33143** 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 2.1 TITLE TITLE LAMAR, JULIO F 2.2 NAME NAME 300 EDMOR ROAD 2.3 STREET ADORESS STREET ADDRESS W PALM BEACH FL 33405-2918 2.4 CITY-ST-ZIP CULY - ST - ZIF Change Addition DELETE 3.1 TITLE TITLE SANCHEZ, JUSTO L 3.2 NAME NAM:

6.4 CITY-ST-ZIP 14. I do horeby 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 suppliemental 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 corgoration 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

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADORESS** 

5.4 CITY-ST-ZIP

4.4 City-St-ZIP

3.4. CITY - ST - ZIP

4.1 TITLE

4 2 NAME

51 TITLE 52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

STREET ADDRESS

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CHTY-ST-ZIP

CITY-S1-ZIP

DITY-ST-7/P

TITLE

NAME

TITLE

NAME

THILE

NAME

300 EDMOR ROAD

ORTEGA. EMILIO L

300 EDMOR ROAD

W PALM BEACH FL 33405-2918

W PALM BEACH FL 33405-2918

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SECRETARY OF STATE

TALLAHASSEE FLORIDA

\*\*\*\*165.00

Addition

Addition

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