SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 38 NOA -3 by 5: U8 DOCUMENT #

1. Corporation Name P97000006752 (4) SECRETARY OF STATE ALLAHASSEE, FLORIDA AURORA INTERACTIVE, INC. Principal Place of Business Mailing Address 10397 N KENDALL DR W-1 10397 N KENDALL DR W-1 **MIAMI FL 33176** MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1997 Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 10. Box 65-0 26 21 Not Applicable Suite, Apt, #, etc. Sulte, Apt, #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIam 23 28 Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation owes or has paid the current year intangible 3.S.A Personal Property Tax due June 30. ___ Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PEREDA, ROBERT 10397 N KENDALL DR W-1 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33176 83 84 City Zip Code 85 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. 10/3/198 Bes DATE same of registered agent and title if applicable (2/68)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, Change Addition Robert 17225 TITLE 1.1 DTLE DELETE Pereda CR2E034 296 54. NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS ,91 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE X Addition TITILE. __ DELETE ___ Change 2.2 NAME Ernie NAME 2.3 STREET ADDRESS 7111 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP V. azy 3.1 TITLE TITLE DELETE Addition ___ Change NAME 3.2 NAME 11960 Sw 190 st. STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TILE 4.1 TITLE Change DELETE 400002682684 NAME 4.2 NAME 11/06/98--01099 --006 4.3 STREET ADORESS STREET ADDRESS ****750.00 ****750.00 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE REINSTA 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE Change TITLE Addition DELETE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 one an attachment with an address.

EQUIRED

SIGNATURE: