

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90204 001 ***150.00

DOCUMENT # P97000017505

1. Corporation Name

AURA LABORATORIES, INC.



Principal Place of Business
4001 SOUTHWEST 47TH AVENUE
SUITE 201
FT LAUDERDALE FL 33314

Mailing Address
4001 SOUTHWEST 47TH AVENUE
SUITE 201
FT LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

65-0396301

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LODIN, SCOTT
4001 SOUTHWEST 47TH AVENUE
SUITE 201
FT LAUDERDALE FL 33314

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME COHEN, A P
STREET ADDRESS 4001 SW 47TH AVE
CITY-ST-ZIP FT LAUD FL 33314

TITLE PD ☐ DELETE
NAME HAHN, E F
STREET ADDRESS 4001 SW 47 AVE
CITY-ST-ZIP FT LAUD FL 33314

TITLE D ☐ DELETE
NAME CHEN, C J
STREET ADDRESS 4001 SW 47TH AVE
CITY-ST-ZIP FT LAUD FL 33314

TITLE VPS ☐ DELETE
NAME LODIN, S
STREET ADDRESS 4001 SW 47TH AVE
CITY-ST-ZIP FT LAUD FL 33314

TITLE VPT ☐ DELETE
NAME MALAHIAS, A C
STREET ADDRESS 4001 SW 47TH AVE
CITY-ST-ZIP FT LAUD FL 33314

TITLE VP ☐ DELETE
NAME CHENG, H
STREET ADDRESS 4001 SW 47TH AVE
CITY-ST-ZIP FT LAUD FL 33314

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME Lawrence Friedhoff
1.3 STREET ADDRESS 4001 SW 47th Avenue
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33314

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott Lodin

4/15/99

(954) 584-0300