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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98



LLORIDA DEPARTMENT OF STATE

**FILED** 

May 21 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CITY-ST-ZIP

P97000052685 (9)

**AUREOLA INVESTMENT CORPORATION** 

Principal Plac	e of Business	Mailing Address		) (A Dicean ing rent react eacht agus anns abid	H MINIO LIBIO BINCH IBIDI BINE IDDI
4400 W SAMPLE RD SUITE 112 OOCONUT CREEK FL 33073		4400 W SAMPLE RD SUITE 112 COCONUT CREEK FL	33073	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 06/13/1997	
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0762907	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		Fee Required	
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Ζφ	Country	Trust Fund Contribution	Added to Fees
24	[25]	29	30	<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	current year Intangible  Yes No
	9. Name and Address of Curre		30]	10. Name and Address of New Registers	
A	DAMS, MARSHALL A		81 Name		
4400 W SAMPLE RD			82 Street Addre	dress (P.O. Box Number is Not Acceptable)	
SUITE 112			Jan Street Add	incess (1.0. box (without is two (Acceptation))	
	OCONUT CREEK FL 33073		83		
			84 City		85 Zip Code
				F	L
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Flori <b>da Sta</b> tu 5 of Florida, Such cha <b>nge was</b>	ites, the above-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered
agent la	in familiar with, and accept the oblig	ations of, Section 607.0505, F	Iorida Statutes	and to board of an obtained. The roby accept the a	ppen in do rogiste da
SIGNATURE	<del></del>				
10	Signature typod or printed name of registered at	ID DIRECTORS (NO	II: Registered Agent signature request.  13.	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	
12.	DP OFFICE NO 76	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	ALVAREZ, ALFONSO B		12 NAME		
STREET ADDRESS	4400 W SAMPLE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 3307	'3	1.4 CHY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		Change Addition
NAME	ALVAREZ, MARIA T		2.2 NAME		
STREET ADDRESS	4400 W SAMPLE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 3307	<b>'</b> 3	2. 4 CITY - ST - ZIP		
TITLE	DT	DELETE	3.1 TITLE		Change Addition
NAME	ANDRADE, VERONICA		3.2 NAME		
STREET ADDRESS	4400 W SAMPLE RD		3.3 STHEET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 3307		34. CITY-ST-7IP		
TITLE	J	☐ DELETE	4.1 THLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T SELECT	4.4 CITY - ST - ZIP		Observe T and a second
TITLE		☐ DEL <b>E</b> 1E	5.1 TITLE	200002532F	Change Addition
NAME			5.2 NAME	2000025326 -05/22/9801012	004
STREET ADDRESS			5.3 STREET ADDRESS	***150.00	7 7
CITY-ST-ZIP		DELETE	5.4 CITY - ST - 7IP		Change Addition
TITLE		ר"ו הנוגונ	61 TITLE		LI Change LI Addition
NAME			6.2 NAME		€ YØ
STREET ADDRESS	I		6.3 STR€E1 ADDRESS		1 6/1

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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, by an analytic true and address.