

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S14371** (6)

1. Corporation Name

**AURA MANUFACTURING, INC.**



Principal Place of Business

**13150 N.W. 45TH AVENUE  
OPA LOCKA FL 33054-4311**

Mailing Address

**13150 N.W. 45TH AVENUE  
OPA LOCKA FL 33054-4311**

3. Date Incorporated or Qualified  
**11/26/1990**

3a. Date of Last Report  
**04/25/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-3047576**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fees Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

24

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAUFMAN, AURA T.  
13150 45TH AVENUE  
OPA LOCKA FL 33054-4311**

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 **PVST** ☐ DELETE

1 1 TITLE ☐ Change ☐ Addition

NAME **KAUFMAN, AURA T.**  
STREET ADDRESS **13150 N.W. 45TH AVENUE**  
CITY-ST-ZIP **OPA LOCKA, FL 33054-4311**

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **D** ☐ DELETE

2 1 TITLE ☐ Change ☐ Addition

NAME **KAUFMAN, AURA T.**  
STREET ADDRESS **13150 N.W. 45TH AVENUE**  
CITY-ST-ZIP **OPA LOCKA, FL 33054-4311**

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE

3 1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE

4 1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE

5 1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

6 1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Aura Kaufman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/96**

Date

Daytime Phone #

CR2E034 (12/95)