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**

DOCUMENT # \$14371

1. Corporation Name

AURA MANUFACTURING, INC.

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

04-21-1999 90110 024 ***150.00



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Principal Place	e of Business	Mailing Address				* 105110(= (4: 1151(\$:554 11()				
13150 N.W. 45T	TH AVENUE	13150 N.W. 45TH AVENUE								
OPA LOCKA FL 33054-4311 OPA LOCKA FL 33054-4311						DO NOT WRITE IN THIS SPACE				
	•							SPACE		1
						ite Incorporated or Qualif				
2. Principal Pl	lace of Business	2a. Mailing Address		•	II	Number		Ap	plied For	
21		26	<u> </u>		59	3-3047576	- 4		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5. Ce	ertificate of Status Desired	1 🗆	\$8.75		
22		27						Fee Re	·	
City & State	e .	City & State				ection Campaign Financir	^{ng} 🗆	\$5.00	•	
23		28	0			ust Fund Contribution		Added t	o rees	1
Zip	Country	Zíp	Countr	у	I	is corporation owes the c	current year inta	Yes.	□No	
24	25	29 3	01			ersonal Property Tax. arme and Address of Ne	w Registered	/=\		1
	Name and Address of Current	Kegistered Agent	8	I Name	10. 140	ante and Address of No	- Registered	-tgo		1
KAU	FMAN, AURA T.	•	L							
	50 45TH AVENUE		82	2 Street A	Address (P.O.	Box Number is Not Acce	eptable)			
-	LOCKA FL 33054-4311		83	.						1
			"							
			84	City			FL	85 Zip (Code	
44 0	to the provisions of Sections 607.0502	and 607 1509 Florida Statutes	the abov	P-named c	cornoration su	hmits this statement for t	the purpose of	changing its	registered	1
office or n	enistered eacht or both in the State o	f Florida. Such change was auti	norized by	v tne corbor	ration's board	d of directors. I hereby ac	cept the appoir	ntment as re	gistered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statute	S.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	tagistama Ag	not signature rec	quired when reinst		DATE			_ ا
i	Signature, typed or printed name of registered agent									
12.	. OFFICERS AND		13.	and angliable for		DITIONS/CHANGES TO		D DIRECTO	RS IN 12	ĝ
12.	OFFICERS AND			-				D DIRECTO	ORS IN 12	14100
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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 of 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: