FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V68632** **(1)**

1. Corporation Name
AURORA CAPITAL, INC.

Principal Place of Business	Mailing Address
3694 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33311	3694 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1992
3a. Date of Last Report: 06/02/1994

2. Principal Place of Business	2a. Mailing Address
21 8360 W OAKLAND PARK BLVD	26 8360 W OAKLAND PARK BLVD
22 Suite, Apt. #, etc. 201	27 Suite, Apt. #, etc. 201
23 City & State SUNRISE, FL	28 City & State SUNRISE, FL
24 Zip 33351 25 Country USA	29 Zip 33351 30 Country USA

4. FEI Number: 65-0366759 — ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MREJEN, ARIE
1333 S. UNIVERSITY DR.
SUITE 210
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: ARIE MREJEN P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 8360 W. OAKLAND PARK BLVD.
83: SUITE 307
84 City: SUNRISE FL 85 Zip Code: 33351

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: By: ARIE MREJEN, PRESIDENT — 3/13/95
(Signature of new registered agent and title, if applicable) (NOTE: Registered Agent signature required when submitting) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KADOCH, DAVID 1250 NW FLAMINGO RD PLANTATION FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D MREJEN, P.A., ARIE 8360 W OAKLAND PARK BLVD #307 SUNRISE, FL 33351 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORESH, OURI 5343 NW 108TH DR. CORAL SPRINGS FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D FOERSTER, BRUCE 4045 SHERIDAN AVENUE #432 MIAMI BEACH, FL 33140 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZOUR, ISRAEL 12700 N. BISCAYNE BLVD., STE. 202 N. MIAMI FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DJERASSI, GIDEON 4800 SW 4TH ST. PLANTATION FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAXMAN, MICHAEL 7880 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEIN, YVES 3694 W. OAKLAND PARK BLVD. LAUDERDALE LAKES FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D TERESH, PERCIL 8360 W. OAKLAND PARK BLVD. #300 SUNRISE, FL 33351 ☒ Change ☐ Addition

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)(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 is on an attachment with an address.

SIGNATURE: GIDEON DJERASSI DIRECTOR — 4.17.95 — 305 749 2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0220083 CP