

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 # **V68632**

(1)

1. Corporation Name

AURORA CAPITAL, INC.

FILED
Jun 27, 1996 08:00 AM
Secretary of State



Principal Place of Business

Mailing Address

**8360 W OAKLAND PARK BLVD
201
SUNRISE FL 33351
US**

**8360 W OAKLAND PARK BLVD
201
SUNRISE FL 33351
US**

3. Date Incorporated or Qualified

09/29/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FET 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 s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MREJE, ARIE P
8360 W. OAKLAND PARK BLVD.
SUITE 307
SUNRISE FL 33351**

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 firm if applicable

(NOTE: Registered Agent's signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MREJEN, P.A. A**
STREET ADDRESS **8360 W OAKLAND PARK BLVD #307**
CITY-STATE-ZIP **SUNRISE FL**

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **DAVID KADOCH**
1.3 STREET ADDRESS **8360 W OAKLAND PARK BLVD #201**
1.4 CITY-STATE-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ DELETE
NAME **FOERSTER, BRUCE**
STREET ADDRESS **4045 SHERIDAN AVENUE #432**
CITY-STATE-ZIP **MIAMI BEACH FL**

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

TITLE **D** ☐ DELETE
NAME **ZOUR, ISRAEL**
STREET ADDRESS **12700 N. BISCAYNE BLVD., STE. 202**
CITY-STATE-ZIP **N. MIAMI FL**

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

TITLE **D** ☐ DELETE
NAME **DJERASSI, GIDEON**
STREET ADDRESS **4800 SW 4TH ST.**
CITY-STATE-ZIP **PLANTATION FL**

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

TITLE **D** ☐ DELETE
NAME **WAXMAN, MICHAEL**
STREET ADDRESS **7880 W. OAKLAND PARK BLVD.**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

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

TITLE **D** ☐ DELETE
NAME **TIROSH, PETER**
STREET ADDRESS **8360 W. OAKLAND PARK BLVD. #200**
CITY-STATE-ZIP **SUNRISE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIR

6/2/96

Date

749-2030

Daytime Phone

CR2E034 (12/95)