

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V68632 (1)
1. Corporation Name
AURORA CAPITAL, INC.

FILED
May 06 1997 8:00am
Secretary of State



Principal Place of Business
8360 W OAKLAND PARK BLVD
201
SUNRISE FL 33351
US

Mailing Address
8360 W OAKLAND PARK BLVD
201
SUNRISE FL 33351-7338
US

3. Date Incorporated or Qualified
09/29/1992

3a. Date of Last Report
06/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
ARIE MREJEN, P.A.
82 Street Address (P.O. Box Numbers Not Acceptable)
701 W CYPRESS CREEK ROAD
83 SUITE 307
84 City
FORT LAUDERDALE FL 85 Zip Code
33309

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 *Arie Mrejen* ARIE MREJEN, ESQ. Pres. 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KADOCH, DAVID
8360 W OAKLAND PARK BLVD #307
SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FOERSTER, BRUCE
4045 SHERIDAN AVENUE #432
MIAMI BEACH FL

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
DIRECTOR - 6
MARTINEZ, JUAN CARLOS
710 WASHINGTON AVENUE, C.H.3
MIAMI BEACH, FL 33139

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 *Arie Mrejen* ARIE MREJEN, ESQ. Pres. 4/28/97 854 342 2020

CR2E034 (9/96)