

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90205 049 ***150.00

DOCUMENT # V68632

1. Corporation Name
AURORA CAPITAL, INC.

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1992

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MREJE, ARIE P
701 W CYPRESS CREEK RD
SUITE 302
FT LAUDERDALE FL 33309

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 agent 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 ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

Date

Daytime Phone #

4/29/99

954-745-2030

CR2E034 (1/98)