

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

FILED

**May 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000017505 (3)
1. Corporation Name
AURA LABORATORIES, INC.



Principal Place of Business 4001 SOUTHWEST 47TH AVENUE SUITE 201 FT LAUDERDALE FL 33314	Mailing Address 4001 SOUTHWEST 47TH AVENUE SUITE 201 FT LAUDERDALE FL 33314
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc.	26 Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 02/20/1997	
4. FEI Number 65-0396301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LODIN, SCOTT
4001 SOUTHWEST 47TH AVENUE
SUITE 201
FT LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Alan P. Cohen
STREET ADDRESS		13 STREET ADDRESS	4001 SW 47th Avenue
CITY-ST-ZIP		14 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	P/D Elliot F. Hahn
STREET ADDRESS		23 STREET ADDRESS	4001 SW 47th Avenue
CITY-ST-ZIP		24 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	D Chih-Ming J. Chen
STREET ADDRESS		33 STREET ADDRESS	4001 SW 47th Avenue
CITY-ST-ZIP		34 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	VP/S Scott Lodin
STREET ADDRESS		43 STREET ADDRESS	4001 SW 47th Avenue
CITY-ST-ZIP		44 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	VP/T Angelo C. Malahias
STREET ADDRESS		53 STREET ADDRESS	4001 SW 47th Avenue
CITY-ST-ZIP		54 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	VP Haiyung Cheng
STREET ADDRESS		63 STREET ADDRESS	4001 SW 47th Avenue
CITY-ST-ZIP		64 CITY-ST-ZIP	Ft. Lauderdale, FL 33314

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 the attachment with an address.

SIGNATURE _____ DATE **4/21/98** **954-584-0300**

CR2E034 (10/97)