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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997		DIVISION OF CORPORATIONS) Secretary of State	
DOCUN 1. Corporation	MENT #	K36779	(2)			
	aht stuff					
Principal Place	e of Business	····	Mailing Address			i dibis didir didil didir bibis bidil ibdi
5310 NW 33RD FT. LAUDERDA			5310 NW 33RD AVE. #10 FT. LAUDERDALE FL 333			
					3. Date Incorporated or Qualified 10/05/1988	3a. Date of Last Report 05/01/1996
2. Principal Pi	iace of Busines MW 33	åve.	26. Mailing Address		4. FEI Number 65-0075153	Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 STC City & State	2110		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23	cropes	copie fr	28	,	Trust Fund Contribution	Added to Fees
Zip 33	309	Country BW MAD	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
24]	9. Name ar	d Address of Current I		1301	10. Name and Address of New Re	
	E, PAUL J			81 Name	Aura Secret	シ ブ
5310 NW 33RD AVE. #100 FT. LAUDERDALE FL 33309 82 Street Addre					dress (P.O. Box Number is Not Acceptal	STEILO
r.,	LAUDENDALI	: FL 33309		83	2 370 4-10 08 1100	<u> </u>
				84 City		B5 Zip Code
		10	1007 4500 5: 11 0:		Theoreman	FL 33609
office or re	egistered agen	 or both, in the State of 	Florida Such change was	authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
Ü	m tanıllar with,	and accept the obligation	ons of, Section 607.0505, Fi	onda Statutes.		
	Signature Typical or	printed name of registered agent i		E: Registered Agent signature requ		DATE
12.	DP	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	LEITNER, F			1.2 NAME		
STREET ADDRESS		3 AVE. #100		1.3 STREET ADDRESS		
CITY ST - ZIP	FT. LAUDE	RDALE FL 33309	- I prieze	1.4 CITY - ST - ZIP		T 20
TITLE NAME			DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS		
C(TY+S1+ZIP				2. 4 City-St-ZiP		
TITLE			DELETE	31 TITLE		Change Addition
NAME.				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CIFY-SI-ZIP TITLE		Ma	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			tud Dimeri	4. 2 NAME		Lis oneingo Lis Moonton
STREET ADDRESS				4.3 STREET ADDRESS		
CITY - ST - ZIP				4.4 CITY-ST-ZIP		
TITLE			☐ DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
City - St - Ziri Title			DELETE	5.4 C/TY - ST - Z/P 6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS		_		6.3 STREET ADDRESS		
CITY-ST-ZIP	10. cry	_/_\		6.4 CITY - \$1 - ZIP		
 I do hereb information 	by certify that the indicated on	ne information supplied vithis annual suport or suc	with this filing does not qual optemental annual report is	ify for the exemption state true and accurate and the	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same legs	s. I further certify that the all effect as if made under oath: that
Lam an of appears in	flicer of directo n Block 12 of B	r of the coologition on the lock 13 charged to	e receive for trustee empor an attaznment with an ad	wered to execute this repo dress.	ort as required by Chapter 607, Florida 5	Statutes; and that my name

SIGNATURE:

FILED

May 02 1997 8:00am

Secretary of State