FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 APR 21 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019006 (3)

1. Corporation Name
~~DIGITAL MODEL CORPORATION~~
AURORA DIRECT INC

Principal Place of Business
4221
~~4200~~ AURORA ST.
CORAL GABLES FL 33146

Mailing Address
4221
4200 AURORA ST.
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 4221 Aurora ST
22: Suite, Apt. #, etc.
23: City & State: Coral GABLES, FL
24: Zip: 33146
25: Country: USA

2a. Mailing Address
26: 4221 Aurora ST
27: Suite, Apt. #, etc.
28: City & State: Coral Gables FL
29: Zip: 33146
30: Country: USA

4. FEI Number: 65-0560777 ☐ 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

POLANSKY, MITCHELL S
2665 S. BAYSHORE DR.
PENTHOUSE I-A
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: JOHN M. PAPPAS
82 Street Address (P.O. Box Number is Not Acceptable): [illegible] 8615 SW 119 ST
83:
84 City: [illegible] Miami FL 85 Zip Code: 33156

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: JM Pappas JOHN M. PAPPAS 4/5/95
Signature of 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	D	11 TITLE	President ☒ Change ☐ Addition
NAME	PAPAS, JOHN M	12 NAME	JOHN M PAPPAS
STREET ADDRESS	6131 S.W. 80TH ST.	13 STREET ADDRESS	8615 SW 119 ST
CITY-ST-ZIP	MIAMI FL 33143	14 CITY-ST-ZIP	MIAMI FL 33156
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ELDER, JOHN G	22 NAME	
STREET ADDRESS	3228 S.W. 3RD ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	400001465324
STREET ADDRESS		33 STREET ADDRESS	-04/26/95--01060--021
CITY-ST-ZIP		34 CITY-ST-ZIP	****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	AC

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: JM Pappas JOHN M PAPPAS 4/5/95 305 444 9130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160417 CP