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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:44

DOCUMENT # **P94000019120 (2)**

1. Corporation Name
AVRORA MOSCOW MARKETING COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
[illegible]	[illegible]
2801 Ponce de Leon Blvd., Suite 1070 Coral Gables, Florida 33134	

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 2801 Ponce de Leon Blv	26 2801 Ponce de Leon Blvd	03/11/1994	3/11/94
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	X Applied For / Not Applicable
22 Suite 1070	27 Suite 1070	65-0475349	
City & State	City & State	5. Certificate of Status Desired	X — $8.75 Additional Fee Required
23 Coral Gables, FL	28 Coral Gables, FL	6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
Zip / County	Zip / County	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	X Yes / No
24 33134 25 U.S.A.	29 33134 30 U.S.A.		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHAINBAUM, JOSHUA 3001 SEGOVIA ST. CORAL GABLES FL 33134	81 Name: Ronald Haber, Esquire 82 Street Address (P.O. Box Number is Not Acceptable): 1370 N.W. 16th Street 83 84 City: Miami FL 85 Zip Code: 33125

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: Ronald Haber RONALD HABER 3/31/95
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	D	1.1 TITLE	X Change / Addition
NAME	X SCHAINBAUM, JOSHUA	1.2 NAME	President-Director
STREET ADDRESS	3001 SEGOVIA ST.	1.3 STREET ADDRESS	Dr. Ludmilla Wells
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	2801 Ponce de Leon Blvd, Suite 1070
			Coral Gables, FL 33134
TITLE		2.1 TITLE	Change / Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change / Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change / Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change / Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change / Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: X Ludmilla Wells 3/31/95 305-569-9467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0136371 CP