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

APPROVED AND FILED

95 APR 23 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031997 (7)

1. Corporate Name

AURORAS NAILS INC.

Principal Address

11302 STATE RD 84
DAVIE FL 33325

Mailing Address

11302 STATE RD 84
DAVIE FL 33325

(Legible Print Inside This Space)

3. Date Incorporated or Qualified: 04/25/1994

3a. Date of Last Report

2. Principal Business

21

2a. Mailing Address

26

Suite Apt # or P.O.

22

Suite Apt # or P.O.

27

City & State

23

City & State

28

24 25 29 30

4. FEI Number: 65-048 3592 — 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. Does corporation qualify for exemption under Section 607.0505 Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FOTTA, AURORA
6764 SW 39TH CT
DAVIE 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 Section 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

12. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	FOTTA, AURORA
STREET ADDRESS	6764 SW 39TH CT
CITY, ST, ZIP	DAVIE FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change [ ] Addition	
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change [ ] Addition	
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change [ ] Addition	
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change [ ] Addition	
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change [ ] Addition	
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change [ ] Addition	
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is accurately transcribed and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. Further certify that the information indicated on the 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 above, or on an attachment with an asterisk.

SIGNATURE: 4/28/95 305-424-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Phone #

0233720 CP

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1995

DOCUMENT # P94000032448 (0)

1. ALTON XV CORP.

1111 LINCOLN ROAD #500
MIAMI BEACH FL 33139

1111 LINCOLN ROAD #500
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21 523 MICHIGAN AVE
22 Suite, Apt. #, etc.
23 City & State: MIAMI BEACH, FL
24 Zip: 33139 25 Country:

2a. Mailing Address
26 523 MICHIGAN AVE
27 Suite, Apt. #, etc.
28 City & State: MIAMI BEACH, FL
29 Zip: 33139 30 Country: USA

4. FEI Number: 65-0486510 — 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 intangibles tax under § 199.032 Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

ROSE, LEO JR
1111 LINCOLN ROAD #500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: JONATHAN FRYD
82 Street Address (P.O. Box Number is Not Acceptable): 523 MICHIGAN AVE
83
84 City: MIAMI BEACH FL 85 Zip Code: 33139

11. Pursuant to the provisions of section 607.0505, and/or 1608, 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: V. PRES 4/28/94

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PRESIDENT, DIR
NAME: ABE RESNICK
ADDRESS: 1228 ALTON ROAD
CITY: MIAMI BEACH, FL 33139

TITLE: V. PRES, DIR
NAME: JONATHAN FRYD
ADDRESS: 523 MICHIGAN AVE
CITY: MIAMI BEACH, FL 33139

TITLE: SEC DIR
NAME: JAMES RESNICK
ADDRESS: 1228 ALTON ROAD
CITY: MIAMI BEACH, FL 33139

14. [illegible]

SIGNATURE: JONATHAN FRYD 4/28/94 305 673-2948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0147235 CP