

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90022 045 ***150.00

DOCUMENT # P98000022625

1. Entity Name
ELIX GROUP, INC.

Principal Place of Business Mailing Address
 10241 N.W. 52ND LANE 10241 N.W. 52ND LANE
 MIAMI FL 33178 MIAMI FL 33178-6620



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **MIAMI, FLORIDA** 3. Mailing Address **10241 NW, 52nd LANE**

Suite, Apt. #, etc. **10241 NW, 52nd LANE** Suite, Apt. #, etc.

City & State **MIAMI, FLORIDA.** City & State **MIAMI, FLORIDA.**

Zip **33178** Country **U.S.A.** Zip **33178** Country **U.S.A.**

4. FEI Number **68-0820353** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BARED, PABLO R
1500 SAN REMO AVE. #177
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SPD	<input type="checkbox"/> Delete
NAME	DUGARTE, ROBERTO	
STREET ADDRESS	10241 N.W. 52 LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BENINI, MARCO	
STREET ADDRESS	VIA NICENETO 141, 1-00124	
CITY-ST-ZIP	ROMA, ITALIA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENINI, ROBERTO	
STREET ADDRESS	VIA NICCOLO TOMMASEA 921	
CITY-ST-ZIP	1-20075 LODI, ITALIA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGARTE ROBERTO	
STREET ADDRESS	10241 NW, 52nd Lane	
CITY-ST-ZIP	MIAMI, FL. 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **REQUIRED** Date **4/24/2000** Daytime Phone **917/686-5077**