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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L89577

Corporation Name
ELEX INVESTMENTS (U.S.A.), INC.

(5)

## FILED Jan 16 1997 8:00am Secretary of State



Principal Place of Business Mailing Addre % GIORGIO BALLI % GIORGIO BI 3360 CORAL WAY. SUITE #5 3360 CORAL W MIAMI FL 33145				BALLI Way, Suite #5			3. Date Incorporated or Qualified 3s. Date of Last Report 07/26/1990 05/09/1996				
2 Delegional F	Place of Business	2a. Mailing	Addross				4. FEI Number		1 00/0	····	
21	Tace of Eusiness	26	Addiess				59-1724796				oplied For ot Applicable
Suite, Apt.	#. etc.	Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired				
City & Stal	te	City &	State				6. Election Campaign	Financing		\$5.00	May Be
23	a, a, b,	28					Trust Fund Contribu	tion			to Fees
Zφ	<u></u>		Zip Countr				8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 29 9. Name and Address of Current Registered Ag		30				Florida Statutes Yes No  10. Name and Address of New Registered Agent				
041	LI, GIORGIO	ent Hegistered A	gent	B1	I	Name	10. Name and Address	OI New Heg	instelled b	rgent	
	ILI, GIONGIO 10 CORAL WAY			<u> </u>	1						
	TE 5		82			Street Address (P.O. Box Number is Not Acceptable)					
1	MI FL 33145		83								
1	WILL DO LAD			_	<u> </u>						
				84	1 (	City			FL	<b>85</b> Zip	Code
SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the ob Signature types of personal resistance of trigistered						ed when reinstaling)  ADDITIONS/CHANG	···	DATE		
12.	D OFFICERS A	IND DIRECTORS	DELETE	1.1 TITLE						Change	Addition
NAME	BALLI, GIORGIO		L. DELETE	1.2 NAME		B	ALLI, GIORG	510		E Onlingo	Addition
STREET AODRESS	-9835 SUNSET DR., #200			1.3 STREE		DAESS 3	ALLÌ, GIORG 360 CORAL 11AMI FL,	WAY +	<b>‡</b> 5		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-		7IP V	IIAMI FL,	33 i45	<b>う</b>		
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STREET ADDRESS				4.3 STREE		DRESS					
CITY-\$1-ZIP				4.4 CITY -		ì					
THLE			DELETE	5.1 TITLE				***************************************	***************************************	Change	Addition
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STREET ADDRESS				53 STREE	T AD	DRESS					
City-St-ZiP				5.4 CITY-	ST - 7	ZIP					
TITLE			DELETE	6.1 TITLE	******			***************************************		Change	Addition
NAME				6.2 NAME							
STREET ADDRESS				6 3 STREE	T AD	ORESS					
CITY-ST-ZIP		•		6.4 CITY-	ST-Z	ZIP					

14. I do 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 annual report or supplemental annual report ib 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, of on an anadometric with an adolpss.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

IGNING OFFICER OF DIRECTOR

569-9696

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