

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90112 039 ***150.00

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DOCUMENT # P98000030888

1. Corporation Name

NEX2U, INC.

Principal Place of Business

915 MIDDLE RIVER DRIVE STE. 506
FORT LAUDERDALE FL 33304

Mailing Address

915 MIDDLE RIVER DRIVE STE. 506
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1998

4. FEI Number

65-0829155

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 owes the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MORAITIS, GEORGE R
915 MIDDLE RIVER DRIVE STE. 506
FORT LAUDERDALE FL 33304

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COLLINI, DARIO
VIA ROCCA 15
GORIZIA ITALY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BETTIO, ANDREA
VIA MORAHDI 4
VENEZIA ITALY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CERUTI, ALFREDO
VIA STRAMBIO 34
MILANO ITALY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DE LEONARDIS, GIOVANNI V IA FRAH
CONIA 3
GORIZIA ITALY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FINOTTI, SANDRO
VIA DELLA GRIZIA 18
BIELLA ITALY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DS
COLLINI, DARIO
VIA ROCCA 15
GORIZIA ITALY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DP
BETTIO, ANDREA
VIA ,ORAHDI 4
VENEZIA ITALY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DVP
CERUTI, ALFREDO
VIA STRAMBIO 34
MILANO ITALY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DT
DE LEONARDIS, GIOVANNI
Via Frahconia 3
Gorizia Italy

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)