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Secretary of State
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PROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P98000090143

1. Corporation Name
AURIX CORPORATION

Principal Place of Business	Mailing Address
MIAMI, FLORIDA	150-20 16th ROAD WHITESTONE, N.Y. 11357

572433 - 90014 - 37

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: OCTOBER 22, 1998

2. Principal Place of Business	2a. Mailing Address
21 MIAMI - FLORIDA	28 150-20 16th ROAD
Suite, Apt. #, etc. 22 1200 WEST AVE #924	Suite, Apt. #, etc. 27 WHITESTONE, N.Y
City & State 23 MIAMI BEACH FL 33139	City & State 28 N.Y, NY
Zip / Country 24 / 25 USA	Zip / Country 29 11357-3118 / 30 USA

4. FEI Number: 65-0872178 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARLOS A. SESIA 150-20 16th ROAD WHITESTONE, FLORIDA 11357-3118	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	PRESIDENT.	☒ Change ☐ Addition
NAME	CARLOS A. SESIA		1.2 NAME	NORA MARCELA DIAZ	
STREET ADDRESS	150-20 16th ROAD		1.3 STREET ADDRESS	1200 WEST AVE #924	
CITY-ST-ZIP	WHITESTONE, FL 11357-3118		1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VICE-PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NORA MARCELA DIAZ		2.2 NAME		
STREET ADDRESS	150-20 16th ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WHITESTONE, FLORIDA 11357-3118		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ 4/21/99 (718) 353-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(305) 673-0401
(305) 479-8164