2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090143

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90061 044 ***150.00

1. Entity Name

AURIX CORPORATION

Principal Place of Business	Mailing Address
MIAMI FLORIDA 1200 W AVE #904 #924 MIAMI BEACH FL 33139	~~150-20 16TH RD~~ ~~WHITE STONE NY~~ ~~NY NY 33139-4319~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	350 OCEAN DRIVE Suite, Apt. #, etc.
City & State	City & State MIAMI BEACH.
Zip / Country	Zip FL / Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0872178 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SESIA, CARLOS ANDRES 150-20 16TH RD WHITE STONE FL 11357-3118	Name DIAZ, NORA MARCELA Street Address (P.O. Box Number is Not Acceptable) 350 OCEAN DRIVE City MIAMI BEACH FL Zip Code 33139

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 NORA DIAZ 2/27/2000
Signature, typed or printed name of registered agent and title if applicable. (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SESIA, CARLOS ANDRES 1000 WEST AVENUE #1423 MIAMI BEACH FL 33139 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DIAZ, NORA MARCELA ~~1000 WEST AVENUE #1423~~ MIAMI BEACH FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DIAZ NORA M. 1200 WEST AVE #924 MIAMI BEACH FL 33139 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/16/2000 Daytime Phone (305) 673-0401 (305) 479-8164

CR2E034 (9/99)