FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28074 (3)

1. Corporation Name
AZURITE CORP., LTD.

Principal Place of Business
2323 STATE ROAD 84
FT. LAUDERDALE FL 33312

Mailing Address
2323 STATE ROAD 84
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified: 02/12/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 11-2403946 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~HARRIS, ROSEMARY~~
~~2323 STATE RD 84~~
~~FT. LAUDERDALE FL 33312~~

10. Name and Address of New Registered Agent

81 Name: ALVIN C MARTIN
82 Street Address (P.O. Box Number is Not Acceptable): 2323 STATE ROAD 84
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33312

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] ALVIN C. MARTIN   DATE: 2.1.96

(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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	YAMPOL, BARRY		1.2 NAME	
STREET ADDRESS	~~2323 STATE ROAD 84~~		1.3 STREET ADDRESS	PO BOX 22190
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~		1.4 CITY-ST-ZIP	FT LAUDERDALE, FLORIDA 33335-2190
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	YAMPOL, DAVID		2.2 NAME	
STREET ADDRESS	~~2323 STATE ROAD 84~~		2.3 STREET ADDRESS	PO BOX 22190
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33335-2190
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	YAMPOL, JOANNE		3.2 NAME	
STREET ADDRESS	~~2323 STATE ROAD 84~~		3.3 STREET ADDRESS	PO BOX 22190
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33335-2190
TITLE	AS	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	~~CINCINELLI, ROSANNA~~		4.2 NAME	
STREET ADDRESS	~~2323 STATE RD 84~~		4.3 STREET ADDRESS	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~		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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: ✓ [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)