

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 30 11 01 50

DOCUMENT # K27247

(1)

1. Corporation Name

CORUS TECHNOLOGIES, INC.

Principal Place of Business

500 FENTRESS BLVD.  
DAYTONA BEACH FL 32114  
US

Mailing Address

500 FENTRESS BLVD.  
DAYTONA BEACH FL 32114  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1988

3a. Date of Last Report

06/06/1994

4. FEI Number

65-0086411

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



No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSTA, FRANK R  
4715 CHARDONNAY AVE.  
SUITE 300  
PT. ORANGE FL 32219

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME COSTA, FRANK R.  
STREET ADDRESS 500 FENTRESS BLVD.  
CITY - ST - ZIP DAYTONA BEACH FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VT  
NAME RUSSELL, WILLIAM C.  
STREET ADDRESS 500 FENTRESS BLVD.  
CITY - ST - ZIP DAYTONA BEACH FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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, with an attachment with an address.

SIGNATURE:

WILLIAM C. RUSSELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/95

(904) 239-7100

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
CORPORATION

**DOCUMENT # K27351 (1)**

1. Corporation Name

**VIZCAYA GROVE APARTMENTS, INC.**

Principal Place of Business

Mailing Address

**OSMUNDO O. MARTINEZ**  
10000 SOUTHWEST 56TH STREET, STE 32  
MIAMI FL 33165

**OSMUNDO O. MARTINEZ**  
10000 SOUTHWEST 56TH STREET, STE 32  
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

**06/29/1988**

**04/22/1994**

4. FEI Number

Applied For

**65-0057283**

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

2. Principal Place of Business

2a. Mailing Address

**21 SAME AS ABOVE**

**26 SAME AS ABOVE**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINEZ-OSMUNDO O.**  
**-2100 PONCE DE LEON BOULEVARD-**  
**-SUITE 1103-**  
**-CORAL GABLES FL 33134-**

81 Name

**J. LUIS QUINTANA**

82 Street Address (P.O. Box Number is Not Acceptable)

**2333 Ponce De Leon Blvd #1120**

83

84 City

**Coral Gables**

**FL**

85 Zip Code

**33134**

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 of registered agent and, if applicable,

NOTE: Registered Agent signature required when remaining.

DATE

**6-14-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

|                |                               |
|----------------|-------------------------------|
| TITLE          | <b>DPT</b>                    |
| NAME           | <b>RODRIGUEZ, P. NELSON</b>   |
| STREET ADDRESS | <b>10000 SW 56TH ST #32</b>   |
| CITY-ST-ZIP    | <b>MIAMI FL</b>               |
| TITLE          | <b>DVS</b>                    |
| NAME           | <b>RODRIGUEZ, CONSUELO F.</b> |
| STREET ADDRESS | <b>10000 SW 56TH ST #32</b>   |
| CITY-ST-ZIP    | <b>MIAMI FL</b>               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS |                                                                              |
| 14 CITY-ST-ZIP    |                                                                              |
| 21 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                              |
| 23 STREET ADDRESS |                                                                              |
| 24 CITY-ST-ZIP    |                                                                              |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                                                                              |
| 33 STREET ADDRESS |                                                                              |
| 34 CITY-ST-ZIP    |                                                                              |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                                                                              |
| 43 STREET ADDRESS |                                                                              |
| 44 CITY-ST-ZIP    |                                                                              |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                                                              |
| 53 STREET ADDRESS |                                                                              |
| 54 CITY-ST-ZIP    |                                                                              |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                                                              |
| 63 STREET ADDRESS |                                                                              |
| 64 CITY-ST-ZIP    |                                                                              |

**NONE**

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 110.07(3)(g), 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, checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-14-95**

(Date)

(Signature)