

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 10:59

DOCUMENT # M64703 (5)

1. Corporation Name
AZIMUTH INTERNATIONAL U.S.A., INC.

Principal Place of Business 10899 SW 72ND ST. SUITE 201 MIAMI FL 33173	Mailing Address 10899 SW 72ND ST. SUITE 201 MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7346 N.W. 8th. St. Subs., Apt. #, etc. 22 Miami, Fl. City & State 23 33126 Zip		2a. Mailing Address 26 7346 N. W. 8 St. Suite, Apt. #, etc. 27 MIAMI, Fl. City & State 28 33126 Zip		3. Date Incorporated or Qualified 01/14/1988		3a. Date of Last Report 04/15/1994	
24		25		29		30	
4. FEI Number 65-0224012				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent BARRES, AGUSTIN 10899 SW 72ND ST. SUITE 201 MIAMI FL 33173				10. Name and Address of New Registered Agent 81 Name AGUSTIN BARRES 82 Street Address (P.O. Box Number is Not Acceptable) 7346 N. W. 8St. 83 Miami, 84 City FL 85 Zip Code 33126			
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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 **AGUSTIN BARRES** *[Signature]* DATE **4/15/1995**
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	PST	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRES, AGUSTIN	1 2 NAME	BARRES, AGUSTIN
STREET ADDRESS	1089 9 S.W. 72ND ST. SUITE 201	1 3 STREET ADDRESS	7346 N.W. 8 St / 6
CITY - ST - ZIP	MIAMI FL	1 4 CITY - ST - ZIP	Miami, Fl. 33126
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, or on an attachment with an address.

SIGNATURE: *[Signature]* **AGUSTIN BARRES** DATE **4/15/95** **305-267-3891**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR