

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **M87511 (5)**

1. Corporation Name
AZUVI, INC.



Principal Place of Business 13291 VANTAGE WAY STE 103 JACKSONVILLE FL 32218 US	Mailing Address 13291 VANTAGE WAY STE 103 JACKSONVILLE FL 32218-2382 US
--	---

3. Date Incorporated or Qualified 06/20/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2896487	Applied For <input 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

**TISDALE, CYNTHIA
13291 VANTAGE WAY
SUITE 103
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

81 Name CYNTHIA SPILLANE
82 Street Address (P.O. Box Number is Not Acceptable) 13291 VANTAGE WAY
83 SUITE 103
84 City JACKSONVILLE
85 Zip Code FL 32218

I, 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 *Cynthia Spillane* DATE *March 26, 1997*

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	VERDIA, VICENTE VILANO	DELETED
STREET ADDRESS			12540 VILLAREA L	
CITY-ST-ZIP			JACKSONVILLE FL	
TITLE	V	NAME	MILLER, RONALD E.	DELETED
STREET ADDRESS			1070 N. KRAEMER PL	
CITY-ST-ZIP			ANAHEIM CA	
TITLE	VP	NAME	MOLINA, PEDRO BALAGUER	DELETED
STREET ADDRESS			12540 VILLAREAL	
CITY-ST-ZIP			AVADADEITALIA58, SPAIN	
TITLE	VPST	NAME	LEONARDO, FELIPE PENA	DELETED
STREET ADDRESS			12540 VILLAREAL	
CITY-ST-ZIP			AVADADE ITALIA 58 SP	
TITLE	V	NAME	VILER, JOSE PASCUAL P	DELETED
STREET ADDRESS			12540 VILLAREAL	
CITY-ST-ZIP			AVADADE ITALIA 58 SP	
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-ST-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME PATRICK W. KELLEY	
1.3 STREET ADDRESS 13291 VANTAGE WAY, SUITE 103	
1.4 CITY-ST-ZIP JACKSONVILLE FL 32218	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: *Patrick W. Kelley* **PATRICK W. KELLEY**

DATE: *(904) 741-0535*

CR2E034 (9/96)