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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 Mailing Address

**13291 VANTAGE WAY
STE 103
JACKSONVILLE FL 32218
US**

**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 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 Suite, Apt. #, etc. 26 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

**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** FL 85 Zip Code **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**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VERDIA, VICENTE VILANO	
STREET ADDRESS	12540 VILLAREA L	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V^R	<input type="checkbox"/> DELETE
NAME	MILLER, FONALD E.	
STREET ADDRESS	1070 N. KRAEMER PL	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOLINA, PEDRO BALAGUER	
STREET ADDRESS	12540 VILLAREAL	
CITY-ST-ZIP	AVADADEITALIA58, SPAIN	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	LEONARDO, FELIPE PENA	
STREET ADDRESS	12540 VILLAREAL	
CITY-ST-ZIP	AVADADE ITALIA 58 SP	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VILER, JOSE PASCUAL P	
STREET ADDRESS	12540 VILLAREAL	
CITY-ST-ZIP	AVADADE ITALIA 58 SP	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, attached, or on an attachment with an address.

SIGNATURE: *Patrick W. Kelley* DATE: **March 26 1997** (904) 741-0535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)