

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2896487	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SPILLANE, CYNTHIA 13291 VANTAGE WAY SUITE 103 JACKSONVILLE FL 32218		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

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	P	1.1 TITLE	Verdia, Vicente Vilanova
NAME	VERDIA, VICENTE VILANOVA	1.2 NAME	
STREET ADDRESS	12540 VILLAREA L	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	Miller, Ronald E.
NAME	MILLER, RONALD E.	2.2 NAME	
STREET ADDRESS	1070 N. KRAEMER PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	MOLINA, PEDRO BALAGUER	3.2 NAME	
STREET ADDRESS	12540 VILLAREAL	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVADADEITALIA58, SPAIN	3.4 CITY-ST-ZIP	
TITLE	VPST	4.1 TITLE	
NAME	LEONARDO, FELIPE PENA	4.2 NAME	
STREET ADDRESS	12540 VILLAREAL	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVADADE ITALIA 58 SP	4.4 CITY-ST-ZIP	
TITLE	V A	5.1 TITLE	VILAR, Jose Pascual Parra
NAME	VILER, JOSE PASCUAL PARRA	5.2 NAME	
STREET ADDRESS	12540 VILLAREAL	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVADADE ITALIA 58 SP	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	Gen. mgr.
NAME	KELLEY, PATRICK	6.2 NAME	Rambla, Hector
STREET ADDRESS	13291 VANTAGE WAY, SUITE 103	6.3 STREET ADDRESS	13291 Vantage Way, Ste 103
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	JACKSONVILLE FL 32218

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:



4/27/98 904-741-0555

CR2E034 (10/97)