PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90002 039 ***150.00

DOCUI 1. Corporation AZUVI, II					A 1981/1981 1881 1810 1810 1810 1810 1810 1810	Odoli oroji bibli di	TOJ! BIŠ!I ;BBJ	ļ
								į
Principal Place of Business Mailing Address					I (Selecti (a) telt) (Selection (196) (thi even	E1E() #(8): =:#1) #:	1911 81911 1881	
13291 VANTAGE WAY 13291 VANTAGE WAY								
STE 103 STE 103 JACKSONVILLE FL 32218 JACKSONVILLE FL 32218					DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			į
1					06/29/1988			
2. Principal P	2a. Mailing Address	ling Address		4, FEI Number	1 1	plied For		
21		26 Suite And # ata			59-2896487		t Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re		
22 City & State	0	City & State		6. Election Campaign Financing	\$5.00	·	(
23	G	28			Trust Fund Contribution	Added to	•	1
Zip				у	8. This corporation owes the current year I	ntangible		l
24	25 29 3		0		Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent		41.11	10. Name and Address of New Registere	d Agent		
Spill	LANE, CYNTHIA		8	1 Name				
13291 VANTAGE WAY			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
SUITE 103			8	3				
JACKSONVILLE FL 32218								1
., .,			8	4 City	· - F	85 Zip C	Code	ļ
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	ve-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered	
office or r	egistered agent, or both, in the State of m_familiar with, and accept the obligat	of Florida. Such change was aut tions of, Section 607,0505, Florid	horized b da Statute	y the corporati	ion's board of directors. I hereby accept the app	ointment as reg	gisterea	
SIGNATURE	(Shull	al Copythia			aret Mar 1-1	3-99		l
SIGNATURE		t and title if applicable. (NOTE: F	Registered Ag	ent signature require	ed when reinstating) DATE			6
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12	1
TITLE	P □ DELETE VERBIA, V V		1.1 TITLE 1.2 NAME			- over-4		\ `
NAME	12540 VILLAREA L			ET ADDRESS			'	5
STREET ADDRESS	JACKSONVILLE FL		1.4 CITY-ST-ZIP					5
CITY-ST-ZIP	V	DELETE 2:				Change	Addition	5
NAME	MILLER, R E	7-	2.2 NAME	 				
STREET ADDRESS	1070 N. KRAEMER PL	2.3		ET ADDRESS				l
CITY-ST-ZIP	ANAHEIM CA			-ST-ZIP				
TITLE	VP	☐ DELETE	3.1 TITLE	1		☐ Change	☐ Addition	
NAME	MOLINA, PEDRO BALAGUER		3.2 NAME					
STREET ADDRESS			ı	ET ADDRESS				(
CITY-ST-ZIP	AVADADEITALIA58,SPAIN			-ST-ZIP		Change	☐ Addition	
TITLE	VPST LEONARDO, FELIPE PENA		4.1 TITLE 4. 2 NAM	- 1				
NAME STREET ADDRESS	12540 VILLAREAL		4.2 NAME 4.3 STREET ADDRESS					
CITY-ST-ZIP	AVADADE ITALIA 58 SP		4.4 CITY-ST-ZIP					
TITLE	V	☐ DELETE	5.1 TITLE			Change	Addition	
NAME	VILLAR, J P P		5.2 NAME	:				-
STREET ADDRESS	12540 VILLAREAL		5.3 STRE	ET ADDRESS		•		
CITY-ST-ZIP	AVADADE ITALIA 58 SP		5.4 CITY-					
TITLE	GM	☐ DELETE	6.1 TITLE	į		Change	Addition Addition	l
NAME	Living 11		6.2 NAME					
STREET ADDRESS	13291 VANGAGE WAY, STE 10	3	6.3 STRE	ET ADDRESS		•		1

CITY-ST-ZIP * JAX FL 32218 14. Thereby 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, with all other like empowered.

SIGNATURE: