

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90066 010 \*\*\*150.00

DOCUMENT # P93000012410

1. Corporation Name

AZURE COAST, INC.

Principal Place of Business

ONE S. POINTE DR.  
MIAMI BEACH FL 33139

Mailing Address

ONE S. POINTE DR.  
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1993

4. FEI Number

65-0400641

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 404 WASHINGTON AVE.

Suite, Apt. #, etc.

22 120

23 MIAMI BEACH, FL

24 33139 25 DADE

2a. Mailing Address

26 404 WASHINGTON AVE.

Suite, Apt. #, etc.

27 120

28 MIAMI BEACH, FL

29 33139 30 DADE

9. Name and Address of Current Registered Agent

~~THREATT, ROBERT R~~  
~~ONE S. POINTE DR.~~  
~~MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent

81 Name BRIAN A. HART  
THOMSON, MURARO, RAZOOK & HART, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)  
ONE SOUTHEAST THIRD AVENUE

83 17TH FLOOR

84 City MIAMI FL 85 Zip Code 33131

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

*Brian A. Hart* BRIAN A. HART 4/29/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE  
NAME KRAMER, THOMAS  
STREET ADDRESS ONE S. POINTE DR.  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VP ☒ DELETE  
NAME HANAU, H.  
STREET ADDRESS ONE S. POINTE DR.  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VPS ☐ DELETE  
NAME NEE, M.  
STREET ADDRESS ONE S. POINTE DR.  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VP ☒ DELETE  
NAME THREATT, ROBERT R  
STREET ADDRESS ONE SOUTH POINTE DR  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE AS ☐ DELETE  
NAME COLONNESE, CATHERINE F  
STREET ADDRESS 1 S POINTE DR  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 404 WASHINGTON AVE.  
1.4 CITY-ST-ZIP SUITE 120 MIAMI BEACH, FL 33139

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME 404 WASHINGTON AVE.  
3.3 STREET ADDRESS SUITE 120  
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME 404 WASHINGTON AVE.  
5.3 STREET ADDRESS SUITE 120  
5.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Catherine F. Colonne* CATHERINE COLONNESE 4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)