FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthami

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000050613 (7)

DOCUMENT # 1. Corporation Name AZA VENTURES V. INC.

Principal Place of Business	Mailing Addres

5752 VINTAGE OAKS CIR

5752 VINTAGE OAKS CIR



DELRAY BEACI		DELRAY BEAU US	CH FL 33484			3.	Date Incorporated or Qualifie 07/19/1993		ate of Last Report 04/18/1995
2. Principal Plac	e of Business	2a. Mailing Add	Iress			4.	FEI Number		Applied For
21		26					65-0425703		Not Applicable
Suite, Apt #,	etc.	Suite, Apit	#, etc			5.	Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State	>			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζρ	30 Cou	untry		8.	This corporation has liability florida Statutes	or intangible es \[\] No	
24	9. Name and Address of Cu			1		10.	Name and Address of New	Registere	d Agent
	<u> </u>			81	Name				
COBER CORPORATE AGENTS 2601 SOUTH BAYSHORE DR.			82 Street Address (P.O. Box Number is Not Acceptable)						
19TH FLOOR MIAMI FL 33133			83						
			84	City			F	85 Zip Code	
or registere	the provisions of Sections 607.0 d agent, or both, in the State of , and accept the obligations of,	Florida. Such change wa	is authorized by the	ove r	named corpora gration's board	ation : d of c	submits this statement for the directors. I hereby accept the a	purpose of ppointment	changing its registered office as registered agent. I am
SIGNATURE .	agout we typical or product reasons of respective of	apatarantora peace	കറില് ഉത്ത്രം കരില് ഉത്ത്രം	+ A.p.i	Is gratine required	l wheels	nerstaleg	DATE	

12.	Signative typed or productive of register or agent and the OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST	☐ DELE1E	1 t Tifut	☐ Change ☐ Addition
NAME	SUTTIN, EUGENE		1.2 NAME	
STREET ADDRESS	5752 VINTAGE OAKS CIR		1.3 STREET ADDRESS	
CITY-S1-ZIP	DELRAY BEACH FL		1.4.0 Tr - ST - ZiP	
TITLE		DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4.C(1Y+ST+Z)P	
TITLE		☐ DELETE	3 1 7 TLE	Charge Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 Cifn - ST - ZiP	
TITLE		DELF1E	4 1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 C!TY - S1 - ZiP	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADORESS	
CITY - ST - ZIP			5.4.0(1Y-S1-7)F	
TITLE		DELETE	€ 1 T-TEE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
COLV DT 780			6.4 Cify - ST - ZiP	

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicates 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 cath; that I am an officer or directly 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 phlanges, or on an attachment with an address

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

487-496-7899