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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014865 (7)

COSTA AZUL CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address

208 WYMORE RD PO BOX 3824
WINTER PARK FL 32789 WINTER SPRINGS FL 32708-0824
US

FILED Apr 16 1997 8:00am Secretary of State



บร		US				0.040	Inc m		
						3. Date Incorporated or Qualified 02/21/1994		Date of Last Report 4/16/1996	
─ ₁ '	hace of Business		illing Address	α Λ n	·L	4, FEI Number			oplied For
21			VO. Box	267	প	59-3225607			t Applicable
Suite, Apt 22	#, etc.	27	te, Apt. #, etc			5. Certificate of Status Desired	×	\$8.75 / Fee Re	
City & Stat	e	28 V	y & State Lips Su	ings	, FL	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip			ountry	8. This corporation has liability for			
4	25	29	527 OB	30	ひろひ		▼ Yes □		,
	9. Name and Address of Curre	nt Registere	d Agent			10. Name and Address of New R	gistered A	gent	
	ANCO, MARIA P				81 Name				
851 BAYBREEZE LANE					82 Street	Address (P.O. Box Number is Not Accepta	ble)		
ALT	AMONTE SPRINGS FL 32714						- /		
					83				
					84 City			85 Zip (Code
						d corporation submits this statement for the poration's board of directors. I hereby acce	FL		
SIGNATURE	Sograture typica in precial name of registered a					e required when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTO		1:		ADDITIONS/CHANGES TO OFFI	CERS AND		***************************************
TIT.E	PD CHARDA LURG A		☐ DELETE		1 TITLE			Change	Additio
NAME	CUADRA, LUIS A 1078 CONDOR PLACE			1	NAME				
STREET ADDRESS	WINTER SPRINGS FL 32708				STREET ADDRESS				
DEY-S1-709 Title	VID	·	DELETE		CITY-ST-ZIP			☐ Change	Additio
NAME	FRANCO, JOSE S		L_ DULLI	1	I IIILE 2 NAME			÷ ⊓ vikililit	Auville
NAME STREET ADDRESS	108 WYMORE RD.				z niame 3 street address				
CHY-SI-ZIP	WINTER PARK FL 32789				4 CITY - ST - ZIP				
Juli Juli	SD		DELETE		1 TITLE			Change	Additio
NAME	FRANCO, MARIA P			1	2 NAME			J.	
STREET ADORESS	851 BAYBREEZE LANE			3.	3 STREET ADDRESS				
CILY-S1-7if	ALTAMONTE SPRINGS FL 3	2714		3	1. CITY-ST-ZIP				
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NAVE				1	2 NAME				
STREET ADDRESS					3 STREET ADDRESS				
C(1Y - S1 - 7)P				6.4	4 CITY - ST - ZIP	1			

14. I do hereby cert by 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 supplymental 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 follower of 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 impatt chinent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-97

(407)365-7072