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

DOCUMENT # P96000041550

1. Corporation Name

AZUR INTERNATIONAL CONSTRUCTION II, INC.

Princip	al Plac	e of t	Business
POST	OFFICE	ROY	520819

Mailing Address

May 11, 1999 8:00 am Secretary of State 05-11-1999 90049 010 ***150.00



Principal Plac	e of Business	Mailing Address			1
POST OFFICE BOX 520819 MIAMI FL 33152		POST OFFICE BOX 520819 MIAMI FL 33152			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 05/14/1996
		10. 14.77			
2. Principal P	lace of Business	2a. Mailing Address			
21		26			65-0666323 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
22		27			
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip 	Country	Zip	Cour	nuy	8. This corporation owes the current year Intangible Personal Property Tax.
24	25		30		
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Registered Agent
cos	stigan, Joseph F			o, Name	,
	B MEDINAH		•	82 Stree	t Address (P.O. Box Number is Not Acceptable)
	AUDERDALE FL 33332		ļ		
711	AUDENDALE FL 33332	•		83	
				84 City	85 Zip Code
					FL
office or r agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was at	uthorized	by the cor	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	Registered	Agent signature	e required when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TIT	n.e	☐ Change ☐ Addition
NAME	Costigan, Joseph F		1.2 NA	ME	
STREET ADDRESS	8401 NW 17TH STREET		1.3 ST	REET ADORESS	8
CITY-ST-ZIP	MIAMI FL 33126		1,4 CIT	TY-ST-ZIP	
TITLE		☐ DELETE	2.1 TIT	TLE	Change Addition
NAME			22 NA	ME	
STREET ADDRESS			2.3 ST	REET ADDRESS	s
				ITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	3.1 111		Change Addition
			3.2 NA		
NAME					
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4, CI	TY-ST-ZIP	☐ Change ☐ Addition
TITLE		LJ DELETE			
NAME			4, 2 N		
STREET ADDRESS				REET ADDRESS)
CITY-ST-ZIP		[7] NEVERT	_	TY-ST-ZIP	☐ Change ☐ Addition
ÎLLE		☐ DELETE	5.1 TIT		
NAME			5.2 NA		
STREET ADDRESS				REET ADDRESS	٥
CITY-ST-ZIP			_	TY-ST-ZIP	
TITLE	\	☐ DELETE	6.1 TIT		Change Addition
NAME			6.2 NA	ME	
STREET ADDRESS			6.3 ST	REET ADDRESS	S
CITY-ST-ZIP			6.4 CIT	TY-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

Daytime Phone #