**PROFIT CORPORATION** ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P98000051812

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90090 045 \*\*\*150.00

AZUL, CO	ORP.							(1. \$1 <b>0\$</b> )   1010	
Principal Place of Business Mailing Address			-		- 1 (\$0)(\$3) (IO IOIO) (I	ili matili amili balil ahtibi di		(\$10 110) 1001	
777 BRICKELL AVENUE SUITE 1070 777 BRICKELL AVENUE SUITE MIAMI FL 33131 MIAMI FL 33131			E 1070						
MIAMI FE 33131							DO NOT WRITE IN THIS SPACE		
	ی یا ۱۹۵۰ حیث حیث کی		-	-	-	3. Date incorporated or 06/10/1998	Qualifed		
2. Principal Pla	Place of Business 2a. Mailing Address					4, FEI Number	222		
21	26					65 084 C	) do or		
Suite, Apt. #	<del> </del> 1					5. Certificate of Status D	esired		
22									
					6. Election Campaign Fi	nancing)			
			Country						
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24			<u> </u>	<del></del>				gent	
				81	Name				}
				82	Street Add	ress (P.O. Box Number is No	(Acceptable)		
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MIAMI FL 33131			83					{	
9. Name and Address of Current Registered Agent  KENNEY, JUDITH  777 BRICKELL AVNEUE SUITE 1070  MIAMI FL 33131  11. Pursuant to the provisions of Sections 607.0502 and 607:1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal SIGNATURE		84	City	<u>. u., </u>		85 Zip C	ode		
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office or re	egistered agent, or both, in the State	of Florida. Such	change was author	DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 06/10/1998  4. FEI Number 5. Certificate of Status Desired   Sa.75 Additional Fee Required    6. Election Campaign Financing   S5.00 May Be Added to Fees    7. Trust Fund Contribution   S5.00 May Be Added to Fees    8. This corporation wees the current year Intangle   Personal Property Tax.   Yes   No    10. Name and Address of New Registered Agent    81 Name   S2 Street Address (P.O. Box Number is Not Acceptable)    83   S4   City   FL   S5   Zip Code    84   City   FL   S5   Zip Code    85   Zip Code    86   Size of Address (P.O. Box Number is Not Acceptable)    87   Street Address of Poes of changing its registered    88   City   FL   S5   Zip Code    89   Zip Code    80   Zip Code    80   Zip Code    81   Name   S2   Zip Code    83   Zip Code    84   City   FL   S5   Zip Code    85   Zip Code    86   Zip Code    87   Zip Code    87   Zip Code   Addition    88   Zip Code    89   Zip Code    80   Zip Code    80   Zip Code    81   Zip Code    82   Zip Code    84   City   FL   S5   Zip Code    85   Zip Code    86   Zip Code    87   Zip Code    87   Zip Code    88   Zip Code    89   Zip Code    80   Zip Code    80   Zip Code    81   Zip Code    82   Zip Code    83   Zip Code    84   City   FL   S5   Zip Code    85   Zip Code    86   Zip Code    87   Zip Code    87   Zip Code    88   Zip Code    89   Zip Code    80   Zip Code    80   Zip Code    80   Zip Code    80   Zip Code    81   Zip Code    81   Zip Code    82   Zip Code    83   Zip Code    84   Zip Code    85   Zip Code    85   Zip Code    86   Zip Code    87   Zip Code    87   Zip Code    88   Zip Code    89   Zip Code    80   Zip Code    80   Zip Code    80   Zip Code    80   Zip Code    81   Zip Code    81   Zip Code    82   Zip Code    83   Zip Code    84   Zip Code    85   Zip Code    85   Zip Code    86   Zip Code    87   Zip Code    87   Zip Code    88   Zip Code    89   Zip Code    80   Zip Code    80   Zip Code    80   Zip Code    80   Zip Code    81   Zip Code    81   Zip Code    82   Z					
SIGNATURE	Signature, based or printed name of registered ager	nt and title if applicable	(NOTE: Rec	gistered Agen	t signature require	ed when reinstating)	DATE		
<del></del>			, , , , , , , , , , , , , , , , , , , ,				TO OFFICERS AND	DIRECTO	RS IN 12
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TITLE			DELETE	6.1 TITLE				Change	☐ Addition
NAME	,		-	6.2 NAME					
STREET ADDRESS	•			6.3 STREET	ADDRESS				\ \

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 of the corporation of the corporation of 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 in changed, or to an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR