SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 ON CORPORATIONS DOCUMENT # J56725 NEW-WAVE COMMUNICATIONS, CORP. Principal Place of Business Mailing Address % CARLOS A. ACOSTA **% CARLOS A. ACOSTA** 1710 SW 57TH AVE. 1710 SW 57TH AVE. MIAMI FL 33155 MIAMI FL 33155 3. Date Incorporated or Qualified 3a. Date of Last Report 02/12/1987 03/20/1995 2. Principal Place of Business 2a. Maling Address 4. FEI Number Applied For 21 26 59-2776880 Not Applicable Suite, Apt # etc. Suite Apt #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 1rust Fund Contribution Added to Fees Zip Country  $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199 032. 24 25 29 30 Florida Statutes 🥂 Yes 🗌 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ACOSTA, CARLOS A. Name **5881 SW 17TH STREET** 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155 83 64 Zip Code 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 agent. or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or protest nan elof registered agent and title diapplicable (NOTE Registered Agent signature required when tenut only) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD (3/86)TATLE DELETE 1.1 IIILE Change Addition ACOSTA, CARLOS A. NAME 1.2 NAME CR2E034 5881 SW 17TH STREET STREET ADDRESS 13 STREET ADDRESS MIAM! FL CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST- ZIP TITLE DELETE 3 1 1111.6 Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY - ST- ZIP 34 CITY - ST - ZiP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY - \$1 - ZIP TITLE DELETE 5.1 TiTLE \_\_\_\_ Change \_\_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHTY - ST ZIP TITLE DEFETE 6.1 TILLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - ZIF 14. I do hereby certify that the information surfurther certify that the information included d his filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes 1 year reportor supplemental annual report is true and accurate and that my signature shall have the same legal effect as if to providing or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and you can attachment with an address. made under oath; that I am an that my name appears in Bio A. Acosta phes SIGNATURE: (305)