

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

FILED

Mar 11 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **G69990** (1)

1. Corporation Name  
**RESONANT WAVE MOTOR CO.**

|   |  |
|---|--|
| Principal Place of Business<br><b>7780 SW 117 AVE</b><br><b>201</b><br><b>MIAMI FL 33183</b><br><b>US</b> | Mailing Address<br><b>7780 SW 117 AVE</b><br><b>201</b><br><b>MIAMI FL 33183-3833</b><br><b>US</b> |
|---|--|



|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>12501 Ramiro St.</b><br>Suite, Apt. #, etc.<br>22 _____<br>City & State<br>23 <b>CORAL Gables, FL.</b><br>Zip Country<br>24 <b>33156</b> 25 <b>Dade</b> | 2a. Mailing Address<br>26 <b>12501 Ramiro St.</b><br>Suite, Apt. #, etc.<br>27 _____<br>City & State<br>28 <b>CORAL Gables, FL.</b><br>Zip Country<br>29 <b>33156</b> 30 <b>Dade</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/26/1983</b> | 3a. Date of Last Report<br><b>05/17/1996</b> |
|--|--|

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-1784437</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |                                    |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|------------------------------------|

|  |
|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br><b>CATARINEAU, JOE</b><br><b>1700 PONCE DE LEON</b><br><b>CORAL GABLES, 33134-1417</b> | 10. Name and Address of New Registered Agent<br>81 Name <b>ALAN H. Gibbs</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>16030 S.W. 106 Ave</b><br>83 _____<br>84 City <b>Miami, FL</b> 85 Zip Code <b>33157</b> |
|---|---|

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Alan H. Gibbs Pres. 3/6/97 DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>GIBBS, ALAN</b>                         | 1.2 NAME  | <b>TRES Stanley Pinder</b>   |
| STREET ADDRESS             | <b>16030 SW 106 AVE</b>                    | 1.3 STREET ADDRESS                                    | <b>12501 Ramiro St.</b>  |
| CITY- ST- ZIP              | <b>MIAMI FL 33157</b>                      | 1.4 CITY- ST- ZIP                                     | <b>CORAL Gables, FL. 33156</b>   |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CATARINEAU, JOE</b>                     | 2.2 NAME  |  |
| STREET ADDRESS             | <b>7780 SW 117 AVE SUITE 201</b>           | 2.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              | <b>MIAMI FL</b>                            | 2.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |  | 3.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |  | 4.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |  | 5.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |  | 6.4 CITY- ST- ZIP                                     |  |

14. I do 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.

SIGNATURE: Alan H. Gibbs Pres. 3/6/97 305-6619044 DATE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0247973

CR2E034 (9/96)