FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

G87285

(4)

DOCUMENT #

ATLANTICA SUNWAVE, INC.

Principal Place of Business 1378 NW 78TH AVE. STE. B MIAMI FL 33126 US		103	Mailing Address 10323-4 N.W. 9TH ST., CIR. MIAMI FL 33172 US						to the			
00								old 1/04/1984	fied	3a. Date	6/01/	1995
2. Principal Plac	ce of Business	<u></u> ⊢-3	2a. Mailing Address				4. F	59-2360702			L	Applied For
Suite, Apt. #	ate	26	Suite, Apt. #, etc.								40.5	Not Applicable
22	, 610.	27	1				5. 0	Pertificate of Status Desire	oi .		•	5 Additional Required
City & State		City	City & State				6. E	lection Campaign Financir	ng		\$5.	00 May Be
23		28	3				ד	rust Fund Contribution				led to Fees
Zip	Country	Zip	ր ` Իր ´				8. This corporation has liability for intangible tax under s 199.032,					s 199.032,
24	25	29					Florida Statutes Yes No 10. Name and Address of New Registered Agent					
	9. Name and Address of Curren	Registered	a Agent	81	т	Name	10. N	lame and Address of N	ew Reg	gistered A	gent	
ROSEN	OW, MANFRED			0	1	Name						
2425 C	ORAL WAY		82 Street A			Street Addr	dress (P.O	Box Number is Not Acce	eptable))		
MIAMI F	FL 33145											
				84	1	City				FJ	85 2	Zıp 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 office or 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, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tito. Lapticable. (NOTE: Registered Agent Septiative required when resistancy)												
12.	OFFICERS AND			13.	erer e	pithraune certure		ODITIONS/CHANGES TO	OFFIC	DATE F DC AND	DIDECT	ODS IN 12
TITLE			DELETE	1.1 TITLE				DINONO OF ANGES 10	OFFICE		Change	
NAME	ALVAREZ, ALBERTO			1.2 NAME						-		
STREET ADDRESS	10323-4 N.W. 9TH ST CIR			1.3 STREE	ΓA	DORESS						
C-TY-ST-ZIP	MIAM! FL			1.4 CITY -	ST-	- ZIP						
TIT L F	DT ALVAREZ ELEMA		DELETE	2 1 TITLE				A		Ī	Change	Addition
NAME	ALVAREZ, ELENA			2.2 NAMÉ								
STREET ADDRESS	10323-4 N.W. 9TH ST CIR			23 STREE	ΙA	DORESS						
CITY-ST-ZIP	MIAMI FL			2.4 CHIY-	\$ 1.	- 71P						
TITLE			□ DELETE	3 1 TITLE							Change	Addition
NAME				3 2 NAME								
STREET ADDRESS				3.3 STREE	T A	ADDRESS						
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NAME				4.2 NAME								
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CITY+S!+ZIP TITLE			DELETE	4.4 CHIY - :	SI -	· ZIP					Change	☐ Addition
NAME			Ditteri	5.2 NAME						L_	Change	[] Addition
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City-St-ZiP				5.4 CITY - 3		l						
TITLE		·	DELETE	6 1 11TcE	31-	Cil .					Change	Addition
NAME			<u> </u>	6.2 NAME							90	
STREET ADDRESS				63 STREET	1 A!	DORESS						
CITY-ST-ZIP				6.4 CITY - S								
14. I do hereby	certify that the information supplied when the information indicated on this armus	ith this filing	is voluntarily funit	shed and doc	3S I	not qualify fo	for the exe	emption stated in Section	119.07	(3)(k), Flori	da Stati	ites. I further

4. Ide hereby certify that the information supplied with this fling is voluntarily funished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this arrital report preupplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if change I, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/96 (305) 559-2554

CR2F034 (12/95)