

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 CORPORATION ANNUAL REPORT 1996-7-25-96	FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # J56725 (1)
1. Corporation Name
NEW-WAVE COMMUNICATIONS, CORP.

Principal Place of Business Mailing Address
% CARLOS A. ACOSTA
1710 SW 57TH AVE.
MIAMI FL 33155



2. Principal Place of Business 21 Suite, Apt # etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/12/1987 3a. Date of Last Report 03/20/1995 4. FEI Number 59-2776880 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
--	--	---

9. Name and Address of Current Registered Agent ACOSTA, CARLOS A. 5881 SW 17TH STREET MIAMI FL 33155	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	--

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not changing)		12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY-ST-ZIP	
---	--	---	--	--	--

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)

CR2E034 (3/96)