2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 03, 2004 8:00 am
Secretary of State

05-04-2004 90020 019 ****50.00

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04282004 Chg-LLC X CR2E083 (10/03)

DOCUMENT # L03000015747

1. Entity Name
WAVEX COMMUNICATIONS, LC

Principal Place of Business	Mailing Address
14435 COUNTRY WALK DRIVE MIAMI, FL 33186 US	14435 COUNTRY WALK DRIVE MIAMI, FL 33186 US

2. Principal Place of Business		3. Mailing Address 7105 SW 8 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 309	
City & State		City & State Miami Fl	
Zip	Country	Zip 33144	Country

4. FEI Number 14-1882186 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARIAS & DE LA CRUZ ACCOUNTING SERVICES INC 7105 S.W. 8 STREET SUITE: 309 MIAMI, FL 33144	Name MARIA I FOURNIER Street Address (P.O. Box Number is Not Acceptable) 12667 SW 144 Terrace City Miami FL Zip Code 33186

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Maria I Fournier — 4/26/04
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HMIT/HAND MADE INTERNATIONAL TRADE CORP	NAME	
STREET ADDRESS	14435 COUNTRY WALK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FOURNIER, MARIA INES	NAME	
STREET ADDRESS	12667 S.W. 144 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA I FOURNIER — 4/28/04 — (305) 226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #