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

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

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015747

1. Entity Name
WAVEX COMMUNICATIONS, LC

34008012

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7105 SW 8 St 309
City & State		City & State	Miami Fl
Zip	Country	Zip 33144	Country

04282004 Chg-LLC X CR2E083 (10/03)

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

ARIAS & DE LA CRUZ ACCOUNTING SERVICES INC
7105 S.W. 8 STREET
SUITE: 309
MIAMI, FL 33144

7. Name and Address of New Registered Agent

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 [signature] 4/26/04
Signature, 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
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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 #

[signature]