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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 25 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L18687**

(8)

1. Corporation Name

TIDAL WAVE SURF SHOP, INC.

Principal Place of Business

4101 SW 113 CT
MIAMI FL 33165

Mailing Address

4101 SW 113 CT
MIAMI FL 33165

2. Principal Place of Business

Bldg, Apt. #, etc.
21

2a. Mailing Address

Suite, Apt. #, etc.
26

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CRUZ, LORELEY
4101 SW 113 CT
MIAMI FL 33165**

61. Name

62. Street Address (P.O. Box Number is Not Acceptable)

63.

64. City

FL 05 Zip Code

10. Name and Address of New Registered Agent

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 the signature.)

(NOTE: Registered Agent signature required when residing)

DATE

12. OFFICERS AND DIRECTORS

NAME
CRUZ, LORELEY
STREET ADDRESS
4101 SW 113 CT
CITY-ST-ZIP
MIAMI FL

NAME
CRUZ, JORGE
STREET ADDRESS
4101 SW 113 CT
CITY-ST-ZIP
MIAMI FL

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
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 110.07(9)(c), 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 (changed), or on an attachment with an address.

SIGNATURE: ✓

[Handwritten Signature]

1/14/95 (305) 225-8340