FILED
Jun 16, 2002 8:00 am
Secretary of State
04-10-2002 90448 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000 103923

1. Entity Name
SOUTHERN WAVE CORP.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1247 ALTON RD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH. FLORIDA	City & State
Zip: 33139 Country: USA	Zip Country

4. FEI Number: 65-1150240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: DIAZ, O. J.
Street Address (P.O. Box Number is Not Acceptable): 7951 SW 40 STREET SUITE # 206
City: MIAMI FL Zip Code: 33155

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P.V.ST.	TITLE	
NAME	GONZALEZ CLAUDIA	NAME	
STREET ADDRESS	2520 NW 97 AVE. SUITE 100-19208	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33172	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GONZALEZ CLAUDIA	NAME	
STREET ADDRESS	2520 NW 97 AVE. SUITE 100-19208	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33172	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #: 305-815-2148

CR2E034B (12/01)