

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 12 1997 8:00am  
Secretary of State

DOCUMENT # P93000005115 (9)

1. Corporation Name  
SEA WAVES, INC.



Principal Place of Business

Mailing Address

ONE BISCAYNE TOWER STE 3310  
2 S BISCAYNE BLVD  
MIAMI FL 33131

ONE BISCAYNE TOWER STE 3310  
2 S BISCAYNE BLVD  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 SEA Waves, INC

25 SEA WAVES, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1607 Ponce de Leon Blvd.

27 1607 Ponce de Leon Blvd

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip

Country

Zip

Country

24 33134

25 USA

29 33134

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRALINS, MYLES J ESQ.  
C/O TRALINS & ASSOCIATES, P.A.  
200 BISCAYNE BLVD., #3310  
MIAMI FL 33131

81 Name

Fernando Paiz

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

1607 Ponce de Leon Blvd.

83

84 City

Coral Gables

FL

85 Zip Code

33134

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 of birth, 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

FERNANDO PAIZ

8-11-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE D ☒ DELETE

NAME TRALINS, MYLES J  
STREET ADDRESS 200 BISCAYNE BLVD #3310  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

NAME VOSWINCKEL, RICHARD  
STREET ADDRESS 801 BRICKELL DR  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE

FERNANDO PAIZ - SECRETARY

8-11-97

305-567-0200

CR2E034 (497)