## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000016317 1. Corporation Name

NEW WAVE HARDWARE, INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90107 016 \*\*\*150.00



Principal Place of Business	Mailing Address		3 100 E100 E 110 10 E10 1 E111 00 E116 B D E11 0 D E11 0 D E11	STOTO BEIND STIEF TION TOOF TOOP
220 71ST STREET	1349 WASHINGTON AVE.		•	
UITE 217 MIAMI BEACH FL 33139		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
MIAMI BEACH FL 33141	US		3. Date Incorporated or Qualifed	- TABLE
			03/03/1993	[
2. Principal Place of Business.	2a. Mailing Address		4. FEI Number	Applied For
21 1349 WASHWETON AUR 2			65-0432802	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 'Additional
22	7		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIAMI Beach . of 2	8		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Int	
24 33139 25 WA 2	<u> </u>		Personal Property Tax.	Yes □No
9. Name and Address of Current Re	gistered Agent	81 Name	10. Name and Address of New Registered	Agent
PIOTRKOWSKI, JOEL S		L	INDEN 20 KOMANELLS	) ,
627 71ST ST.		82 Street A	ddress (P.O. Box Number is Not Acceptable)	,
MIAMI BEACH FL 33141		83	1349 WASHINGTON AUT	•
MICHAE DE COTT LE COTT				
		84 City	MIAMI BEACH FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and	t 607 1508 Florida Statutos	the above-named c		changing its registered
office or registered agent or both in the State of Flo	orida. Such change was autho	orized by the corpoi	ation's board of directors. I hereby accept the appoi	ntment as registered
agent. I am amiliar with, and accept the objugations	or, Section 607.0605, Florida	Statutes.	3,	14/99
SIGNATURE Signature, typed or printed name of registered agent and t	title if applicable. (NOTE: Rec	gistered Agent signature rec	sulred when reinstation) DATE	111
				Į.
12. OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
12. OFFICERS AND DI		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change ☐ Addition
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TITLE  NAME  YEHEZKEL, HAIM  STREET ADDRESS  CITY- ST-ZIP  MAMI-BEACHT-TE-08441  TITLE  VINCENZO RUM ANEL  ROSI DENT  1349 Woshington Che.  CITY- ST-ZIP  MIAMI-BEACHT-TE-08441  THE OF THE ORDINATION CHE.  ROSI DENT  1349 Woshington Che.	DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition  Change Addition
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CITY-ST-ZIP 14. 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 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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR