

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000029292 (7)**

1. Corporation Name

NEW WAVE RISING SUN ASSOCIATION INC.

Principal Place of Business

Mailing Address

**905 ATLANTIC AVE
OPA LOCKA FL 33054**

**905 ATLANTIC AVE
OPA LOCKA FL 33054**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0484130

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 100.072,

Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**ROLLE, VINCENT A
905 ATLANTIC AVE
OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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]

4-2-1995

Sign in blue ink on separate printed notice of the principal agent and their address.

Sign in blue ink on separate printed notice of the principal agent and their address.

(Date)

12. OFFICERS AND DIRECTORS

TITLE	VINCENT A. ROLLE
NAME	PRESIDENT
STREET ADDRESS	905 ATLANTIC AVE
CITY, ST, ZIP	OPA LOCKA FL 33054
TITLE	SECRETARY
NAME	JAN DARVILLE
STREET ADDRESS	15212 S. BISCAYN DR
CITY, ST, ZIP	N. MIAMI FL 33169
TITLE	TREASURER
NAME	GEORGE LIGHTBOURN
STREET ADDRESS	17411 N.W. 48 AVE
CITY, ST, ZIP	MIAMI FL 33055
TITLE	DIRECTOR
NAME	FLOYD ARMBRISTER
STREET ADDRESS	1140 N.W. 141 STREET
CITY, ST, ZIP	N. MIAMI FL 33054
TITLE	DIRECTOR
NAME	RICHARD MCKINNEY
STREET ADDRESS	2155 N.W. 102 ST
CITY, ST, ZIP	MIAMI FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 130.07(3)(b), 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: *George Lightbourn* **GEORGE W. LIGHTBOURN** 4-2-95 6242132

APPROVED
AND
FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA