

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

FILED  
Feb 13 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000029292 (7)

1. Corporation Name

NEW WAVE RISING SUN ASSOCIATION INC.

Principal Place of Business

905 ATLANTIC AVE  
OPA LOCKA FL 33054

Mailing Address

905 ATLANTIC AVE  
OPA LOCKA FL 33054-3975

3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

02/23/1996

4. FEI Number

65-0484138

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 s. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-97

| 12. OFFICERS AND DIRECTORS |                                   |
|----------------------------|-----------------------------------|
| TITLE                      | P <input type="checkbox"/> DELETE |
| NAME                       | ROLLE, VINCENT A                  |
| STREET ADDRESS             | 905 ATLANTIC AVE                  |
| CITY - ST - ZIP            | OPA LOCKA FL                      |
| TITLE                      | S <input type="checkbox"/> DELETE |
| NAME                       | LIGHTBOURN, JACQUELINE            |
| STREET ADDRESS             | 3051 NW 211TH ST                  |
| CITY - ST - ZIP            | CAROL CITY FL                     |
| TITLE                      | T <input type="checkbox"/> DELETE |
| NAME                       | LIGHTBORUN, GEORGE                |
| STREET ADDRESS             | 17411 N W 48TH AVE                |
| CITY - ST - ZIP            | MIAMI FL                          |
| TITLE                      | D <input type="checkbox"/> DELETE |
| NAME                       | ARMBRISTER, FLOYD                 |
| STREET ADDRESS             | 1140 N W 141 STREET               |
| CITY - ST - ZIP            | N MIAMI FL                        |
| TITLE                      | V <input type="checkbox"/> DELETE |
| NAME                       | SANDS, OSWALD                     |
| STREET ADDRESS             | 1371 NW 173RD TERR                |
| CITY - ST - ZIP            | MIAMI FL                          |
| TITLE                      | <input type="checkbox"/> DELETE   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY - ST - ZIP            |                                   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY - ST - ZIP                                   |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY - ST - ZIP                                   |   |

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

2-10-97 <305> 229-5526

CR2E034 (9/96)