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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000029292

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	17411 NW 48 AVE	26	17411 NW 48 AVE	04/15/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0484138	
City & State		City & State		Applied For	
23 MIAMI FLORIDA		28 MIAMI FLORIDA		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33055		29 33055		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 U.S.A.		30 U.S.A.		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

ROLLE, VINCENT A
 905 ATLANTIC AVE
 OPA LOCKA FL 33054

81 Name GEORGE LIGHTBOURN

82 Street Address (P.O. Box Number is Not Acceptable)
17411 NW 48 AVE.

83

84 City MIAMI

FL

85 Zip Code 33055

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

George Lightbourn

(NOTE: Registered Agent signature required when reinstating)

DATE

5-2-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ROLLE, VINCENT A	1.2 NAME	GEORGE LIGHTBOURN
STREET ADDRESS	905 ATLANTIC AVE	1.3 STREET ADDRESS	17411 NW 48 AVE.
CITY-ST-ZIP	OPA LOCKA FL	1.4 CITY-ST-ZIP	MIAMI FLORIDA 33055
TITLE	S	2.1 TITLE	S
NAME	TAYLOR, ROMEO	2.2 NAME	ARMBRISTER, FLOYD
STREET ADDRESS	2820 NW 172 TERR	2.3 STREET ADDRESS	1140 NW 141 ST.
CITY-ST-ZIP	CAROL CITY FL 33056	2.4 CITY-ST-ZIP	N. MIAMI FLORIDA
TITLE	T	3.1 TITLE	
NAME	LIGHTBOURN, GEORGE	3.2 NAME	
STREET ADDRESS	17411 N W 48TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ARMBRISTER, FLOYD	4.2 NAME	
STREET ADDRESS	1140 N W 141 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	SANDS, OSWALD	5.2 NAME	
STREET ADDRESS	1371 NW 173RD TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, 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.

SIGNATURE:

George Lightbourn

1-21-99

3056242132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)