| FILE | NOW: | <b>FILING</b> | FEE | <b>AFTER</b> | MAY | 1 | IS | \$225. | .00 |
|------|------|---------------|-----|--------------|-----|---|----|--------|-----|
|      |      |               |     |              |     |   |    |        |     |

**PROFIT CORPORATION ANNUAL REPORT** 



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

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| SOLIWAV COMPANY  |   |
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|  |   |
| Principal Place of Business Mailing Address  | 89/11 88/12 18/18 18/11 88/18 18/81 11A1 1881 |
| BERGSTRASSE 389 C/O MALVAN. P A FL-9497 TRIESENBERG 4720 N W BOCA RATON BLVD LEICHTENSTEIN 9497 BOCA RATON FL 33431  |   |
| US 3. Date incorporated or Qualified 12/08/1994  | 3a. Date of Last Report 02/14/1995            |
| 2. Principal Place of Business     2a. Mailing Address     4. FEI Number   | Applied For                                   |
| 26   | Not Applicable                                |
| 22 5. Certificate of Status Desired  | S8.75 Additional Fee Required                 |
| City & State City & State 6. Election Campaign Financing   | \$5.00 May Be                                 |
| 23 Trust Fund Contribution   | Added to Fees                                 |
| Zip Country Zip Country Sign Country 8. This corporation has liability for it 24 29 30 Florida Statutes Yes  | ntangible tax under s 199.032,                |
| 24 25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Re  |   |
| 81 Name 11   |   |
| CORPORATION INFORMATION SERVICES INC.  82 Street Address (P. d' Box Number is Not Acceptable   | le)   |
| 1201 HAYS ST TALLAHASSEE FL 32301  TALLAHASSEE FL 32301  TALLAHASSEE FL 32301  | mite 218 A                                    |
| IALLANASSEE FL 32301   |   |
| 84 City Boca Raton   | FL 85 Zip Code 33431                          |
| L. I. MUSUARI IO DE DEGVISIONS OF SECTIONS BOY USDE AND BOY 1508. Florida Statutos, the above expressed corporation subscribe statement for the annual for t |   |
| or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the apportamiliar with, and escept the obligations of, Section 607.0505, July a Statutes.  | pintment as registered agent. I am            |
| SIGNATURE Signature, types or printed rugs of registered agent and plant and | 3/13/96                                       |
| Signature, types or printed in the content agent and this interceptive form the content of the printed signature required when renstand.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE ADDITIONS OF THE CONTENT OF THE C | OATE  |
| TILE DPST DELETE 19111 Assistant Secretary   | Change X Addition                             |
| NAME EGGENBERGER, HANS 12 NAME Identy B. Wantler   | . —   |
| STREET ADDRESS BERGSTRASSE 389  1.3 STREET ADDRESS 2255 G-Index Road, Sin  | CH 218 19                                     |
| OITY-ST-ZIP FL-9497 TRIESENBERG, LEICHTN 1.4 CITY-ST-ZIF BOCK Mater, FI. 3   |   |
| THE DELETE 2 1 THE 2 1 THE 22 NAME   | ☐ Change ☐ Addition                           |
| STREET ADDRESS 23 STREET ADDRESS   |   |
| E 5 STREET ADDRESS   | !   |
| CITY_ST-2IP 24 CITY_ST-ZIP   |   |
| CITY-ST-ZIP         24 CITY-ST-ZIP           TITLE         DELETE         3 1 THE  | ☐ Change ☐ Addition                           |
| TITLE DELETE 3 1 TITLE  NAME 32 NAME   | Change Addition                               |
| TITLE         DELETE         3 1 TIFLE           NAME         32 NAME           STREET ADDRESS         33 STREET ADDRESS   | ☐ Change ☐ Addition                           |
| TITLE         DELETE         3 TITLE           NAME         32 NAME           STREET ADDRESS         33 STREET ADDRESS           CITY-ST-ZIP         34 CITY-ST-ZIP  |   |
| TITLE  | ☐ Change ☐ Addition ☐ Change ☐ Addition       |
| TITLE  |   |
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| TITLE  |   |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3 1 TITLE  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4 1 TITLE  NAME  42 NAME  STREET ADDRESS  CITY-ST-ZIP  44 CTY-ST-ZIP  44 CTY-ST-ZIP  | ☐ Change ☐ Addition                           |
| DELETE   3   1   1   1   1   1   1   1   1   1   | ☐ Change ☐ Addition                           |
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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 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

6.4 CITY - S1 - ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-SI-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

407-997-9995 Daytin e Phone #