


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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000015750 (9)
 1. Corporation Name
WAVE TECH COMMUNICATION, CORP.



Principal Place of Business 915 STATE ROAD 84 FORT LAUDERDALE FL 33315	Mailing Address 915 STATE ROAD 84 FORT LAUDERDALE FL 33315
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1995	
21	22	26	27	4. FEI Number 65-0557296	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	28	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DOMENECH, MANUEL R 915 STATE ROAD 84 FORT LAUDERDALE FL 33315				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

I, 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS	P DOMENECH, MANUEL R 3520 NW 85TH WAY SUNRISE FL 33351 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Presd - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		1.2 NAME	Manuel R. Domenech
		1.3 STREET ADDRESS	3112 NW 107TH DR.
		1.4 CITY-ST-ZIP	SUNRISE FL 33351
		2.1 TITLE	VICE - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	V MARQUEZ, MARCO 645 IVES DAIRY ROAD STE. 406 NO. MIAMI BEACH FL 33179 <input checked="" type="checkbox"/> DELETE	2.2 NAME	MARCO MARQUEZ
ZIP		2.3 STREET ADDRESS	21250 NE 97TH CT A9-4
		2.4 CITY-ST-ZIP	N.M. BCH FL 33179
		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	

I 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 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: *[Signature]* **MADE** 1-12-98 (954) 761-9283
 Date: 1-12-98 (954) 761-9283
 Daytime Phone # 0286154

CR2E034 (10/97)