

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

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/27/1995

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0557296 | | <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | | | |
| Zip | Country | Zip | Country | | | | |
| 24 | | 29 | | | | | |

9. Name and Address of Current Registered Agent

DOMENECH, MANUEL R
915 STATE ROAD 84
FORT LAUDERDALE FL 33315

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

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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | Presd - MANUEL R. Domenech 3112 NW 107TH DR. SUNRISE FL 33351 | <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 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | VICE - MARCO MARQUEZ 21250 NE 97TH CT AP-4 N.M. BCH FL 33179 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS | | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS | | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS | | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS | | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 provided 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-98 (94) 761-9283

Date Daytime Phone # 0286154

CR2E034 (10/97)