

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # P97000090691 (1)

1. Corporation Name
CATCH THE WAVE INTERNATIONAL, INC.

Principal Place of Business:

1130 WASHINGTON AVENUE
7TH FLOOR
MIAMI BEACH FL 33139

Mailing Address:

1130 WASHINGTON AVENUE
7TH FLOOR
MIAMI BEACH FL 33139

2. Principal Place of Business:

23 3463 Regal Palm Ave
Suite, Apt. B, etc.

2a. Mailing Address:

26 3463 Regal Palm Ave
Suite, Apt. B, etc.

22. City & State:

23 Miami Beach, FL

27. City & State:

26 Miami Beach, FL

24. Zip:

24 33140

Country:

25 USA

29. Zip:

29 33140

Country:

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to register its agent to 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 of Amerilawyer and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

Signature of person in charge of filing

Signature of Registered Agent

Signature of Secretary of State (Required for Certain Filings)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

NAME

STREET ADDRESS

CITY/STATE/ZIP

11. TITLE

NAME

STREET ADDRESS

CITY/STATE/ZIP

11. TITLE

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11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY/STATE/ZIP

11. TITLE

12. NAME

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14. CITY/STATE/ZIP

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY/STATE/ZIP

14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in section 119.07(3)(g), 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 registered agent or under employment 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 attached report with an address.

SIGNATURE:

9-30-98 (303) 530-1935

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