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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **P98000048563**1. Corporation Name

ULTRA-WAVE, INC.

**FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90160 004 \*\*\*150.00

Principal Place of Business Mailing Address						
		-9989 N.W. 127TH TERRACE HIALEAH GARDENS FL 330		DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualifed		
				06/01/1998		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0843298	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	•	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip Country		This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☐ No	
24	9. Name and Address of Curren		30	10. Name and Address of New Registers	ed Agent	
	5. Hame and Address of Culture	t registered right	81 Name			
MACHADO, LEONARDO			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
9989 N.W. 127TH TERRACE HIALEAH GARDENS FL 33018						
TIKAL	EAT GARDENS IE 33010		83			
			84 City	E	85 Zip Code	
			- the above named so	_	— 1 11	
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				ired when reinstating) DATE		
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:  D DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
12.	D OFFICERS AN	D DIRECTORS  DELETE	1.1 TITLE	ADDITIONS/OTIANGED TO STITIGENS	☐ Change ☐ Addition →	
NAME	MACHADO, LEONARDO		1.2 NAME			
STREET ADDRESS	9989 N.W. 127TH TERRACE		1.3 STREET ADDRESS			
	HIALEAH GARDENS FL 33018		1.4 CITY-ST-ZIP		5	
CITY-ST-ZIP TITLE	TRACEAT COURSE TO TE GOOTS	☐ DELETÉ	2.1 TITLE		Change Addition	
NAME		_	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		}	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	•		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME	•		3.2 NAME			
STREET ADDRESS	·		3.3 STREET ADDRESS		•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	·	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 suppliemental 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 of 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:

ATTIRE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 1 9 1999

305)-827-6653