

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90091 018 ***158.75

DOCUMENT # P98000101841

1. Corporation Name
NEW WAVE INC.



Principal Place of Business

Mailing Address

8231 MUIRHEAD CIRCLE
BOYNTON BEACH FL 33437

8231 MUIRHEAD CIRCLE
BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1309 E. LAS OLAS BLVD
Suite, Apt. #, etc.

26 1815 S.W. 101 AVENUE
Suite, Apt. #, etc.

22
City & State

27
City & State

23 Ft. Lauderdale, FL
Zip Country

28 DAVIE, Florida
Zip Country

24 33301 25 USA

29 33324 30 USA

3. Date Incorporated or Qualified

12/03/1998

4. FEI Number

65-0893657

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINKWASSER, ALAN
8231 MUIRHEAD CIRCLE
BOYNTON BEACH FL 33437

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME PINKWASSER, ETHEL
STREET ADDRESS 8231 MUIRHEAD CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PONYATOVSKY, SERGEY
1.3 STREET ADDRESS 1815 SW 101 AVE
1.4 CITY-ST-ZIP DAVIE, FL, 33324

TITLE ☒ DELETE

NAME PINKWASSER, MARC
STREET ADDRESS 8231 MUIRHEAD CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PONYATOVSKAYA, TATIANA
2.3 STREET ADDRESS 1815 SW 101 AVE
2.4 CITY-ST-ZIP DAVIE, FL, 33324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. - president 3/17/99 954 236 2485
Date Daytime Phone #
954 562 0120

CR2E034 (11/98)