FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:58

DOCUMENT # **S20190** **(2)**

1. Corporation Name
SUB WAVE II, INC.

Principal Place of Business	Mailing Address
3600 S. DIXIE HWY. MIAMI FL 33133	3600 S. DIXIE HWY. MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1990**
3a. Date of Last Report: **03/17/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **65-0238101** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25
Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDRONIKIDIS, STEVE
3600 S. DIXIE HWY.
MIAMI FL 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PSD**	11 TITLE	☐ Change ☐ Addition
NAME	**ANDRONIKIDIS, STEVE**	12 NAME	
STREET ADDRESS	**3600 S. DIXIE HWY.**	13 STREET ADDRESS	
CITY-ST-ZIP	**MIAMI FL 33133**	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0136849 OP

JOHN A. HARALAMBIDES
CERTIFIED PUBLIC ACCOUNTANT

Coral Way at 3135 Southwest 3rd Avenue
Miami, Florida 33129

Telephone (305) 854-6732

TAXPAYER'S INSTRUCTIONS

DATE: February 8 1995

TO Sub Wave II Inc.
3600 S. Dixie Hwy
MIAMI FL 33133

ENCLOSED herewith is your ☒ Annual ☐ Quarterly ☐ Monthly ☐ .....

FEDERAL
- ☐ Individual Income Tax Return
- ☐ Declaration of Estimated Tax
- ☐ Corporation Income Tax Return
- ☐ Partnership Income Tax Return
- ☐ Fiduciary Income Tax Return
- ☐ Social Security Tax Return (941)
- ☐ Unemployment Tax Return (940)
- ☐ .....

STATE
- ☐ Individual Income Tax Return
- ☐ Declaration of Estimated Tax
- ☐ Corporation Income Tax Return
- ☒ Annual Report
- ☐ Sales Tax Report
- ☐ Unemployment Tax Return
- ☐ .....

OTHER
- ☐ City ..... Return
- ☐ Township ..... Return
- ☐ County ..... Return
- ☐ ..... Return
- ☐ ..... Return

SIGNATURES Please see that the return is signed and dated where indicated by:

☐ You	☒ President	☐ .....
☐ Your Wife	☐ Secretary	☐ .....
☐ Your Partner	☐ Treasurer	☐ .....

SPECIAL INSTRUCTIONS ☐ Attach W-2 Withholding Statement(s) ☐ Affix Corporate Seal ☐ Have it notarized
☐ .....

AMOUNT
- ☐ No remittance is necessary
- ☐ Overpayment is being refunded
- ☐ Overpayment is being credited to this year's estimated tax.

Remit by check or money order as follows:
- ☒ In full
- ☐ In installments as indicated
- ☐ .....

DATE DUE

ON OR BEFORE	MAKE REMITTANCE TO	MAIL TO	AMOUNT	
April 1, 19				
April 15, 19				
June 15, 19				
Sept. 15, 19				
Jan. 15, 19				
March 15, 19				
May 1, 1995	Dept. of State	Envelope Enclosed	200	00

MAIL – Mail original return with remittance before due date. Do not combine checks for various taxes, but use a separate check for each tax paid. To avoid late filing penalties use plenty of postage (some authorities do not accept mail with postage due) and file or mail before due date.

☒ Mail First Class ☐ Special Delivery ☐ Certified Mail ☐ Return receipt requested ☐ .....

This return has been prepared from information furnished and it is possible in the case of the Declaration of Estimated Tax that the financial position will change during the year. For this reason it is important to review your income status prior to quarterly due dates so that an amended estimate may be filed if required. Please advise us if this becomes necessary.