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FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

CD WAVES INC. 579242

Principal Place of Business

Mailing Address

P.O. Box 691903
ORLANDO, FL. 32869

3. Date Incorporated or Qualified

1992

3a. Date of Last Report

LAST YEAR

2. Principal Place of Business

21 7316 INT'L DR.

2a. Mailing Address

26 P.O. Box 691903

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3081680

Applied For

Not Applicable

22

City & State

27

City & State

23 ORLANDO, FL.

28 ORLANDO, FL.

Zip

Country

Zip

Country

24 32819

25 ORANGE

29 32869

30 ORANGE

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE ARRIGOITIA & CO. P.A.
5381 HOFFNER AVE.
ORLANDO, FL. 32812

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

Mario Simas Jr.

(NOT: Registered Agent signature required when reinstating)

04/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VICE-PRESIDENT
NAME MARIO SIMAS JR.
STREET ADDRESS 7316 INTERNATIONAL DR.
CITY-ST-ZIP ORLANDO, FL. 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002199298
-06/03/97--01015--032
***165.00

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

Mario Simas Jr.

04/18/97 407-816-0664

CR2E034 (9/96)