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

APPROVED AND FILED

95 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S89031** **(6)**

1. Corporation Name

WAVE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
175 N.W. FIRST AVE. 11TH FLOOR MIAMI FL 33128-1835	175 N.W. FIRST AVE. 11TH FLOOR MIAMI FL 33128-1835

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/22/1991
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business	2a. Mailing Address
21 100 SE Second St, Fl 17	26 100 SE Second St.
Suite, Apt. #, etc. 22 17 Floor	Suite, Apt. #, etc. 27 17 Floor
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33131-1101 / 25 USA	Zip / Country 29 33131-1101 / 30 USA

4. FEI Number: 65-0293461 ☐ 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 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
FRIEDHOFF, JOHN H. 175 N.W. FIRST AVE. 11TH FLOOR MIAMI FL 33128-1835	81 Name: FRIEDHOFF, JOHN H. 82 Street Address (P.O. Box Number is Not Acceptable): 100 SE Second St, 17 Floor 83 84 City: MIAMI FL 85 Zip Code: 33131-1101

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] JOHN H. FRIEDHOFF 2/14/95
(Signature of person whose name is registered agent and the # applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	11 TITLE		☐ Change ☐ Addition
NAME	ORLANDO DE ALMEIDA, SOAR	12 NAME		
STREET ADDRESS	175 NW 1ST AVE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	ORLANDO DE ALMEIDA, SOAR	22 NAME		
STREET ADDRESS	175 NW 1ST AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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)(k), 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] PRES. 2/14/95 (305)789-9240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

020033 CP