

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL 21 PM 12:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **VO1194** (2)
1. Corporation Name
UNIT 1106 WAVES CORP.

Principal Place of Business: **9455 COLLINS AVENUE #1106 SURFSIDE FL 33154**
Mailing Address: **% ORLOWSKY, DAVID, CPA 407 LINCOLN RD, SUITE 101 MIAMI BCH FL 33139 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/19/1991** 3a. Date of Last Report: **02/08/1994**
4. FEI Number: **65-0364759** 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 § 199.039, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 25, 26, 27, 28, 29, 30
24. Zip: 25. Country: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent: **ORLOWSKY, DAVID C 407 LINCOLN ROAD SUITE 101 MIAMI BEACH FL 33139**
10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. City: 85. Zip Code: **FL**

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 of Registered Agent)
NOTE: Registered Agent sign only required when instituting a change.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	HARA, NISSIM	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HARA, NISSIM	9455 COLLINS AVE #1106	12 NAME:	
STREET ADDRESS: SURFSIDE FL	SURFSIDE FL	13 STREET ADDRESS:	
CITY, ST, ZIP:		14 CITY, ST, ZIP:	
TITLE: VST	HARA, RAQUEL	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HARA, RAQUEL	9455 COLLINS AVE #1106	22 NAME:	
STREET ADDRESS: SURFSIDE FL	SURFSIDE FL	23 STREET ADDRESS:	
CITY, ST, ZIP:		24 CITY, ST, ZIP:	
TITLE: D	HARA, RAQUEL	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HARA, RAQUEL	9455 COLLINS AVE #1106	32 NAME:	
STREET ADDRESS: SURFSIDE FL	SURFSIDE FL	33 STREET ADDRESS:	
CITY, ST, ZIP:		34 CITY, ST, ZIP:	
TITLE:		41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY, ST, ZIP:		44 CITY, ST, ZIP:	
TITLE:		51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY, ST, ZIP:		54 CITY, ST, ZIP:	
TITLE:		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR