

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Shirley B. Mathan  
Secretary of State

1996 2796

B- 1591 (2) C  
DIVISION OF CORPORATIONS

DOCUMENT # V01194

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

2. Principal Place of Business

2a. Mailing Address

21. City, Apt. #, etc.

26. City, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

ORLOWSKY, DAVID C  
407 LINCOLN ROAD  
SUITE 10L  
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified  
12/19/1991

3a. Date of Last Report  
07/21/1995

4. FCI 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 s. 199.032, Florida Statutes  Yes  No

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 607.0402 and 607.1506, 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 turning over to you (accept the obligation of Section 607.0505, Florida Statutes

SIGNATURE: *Raquel Hara*

Full Name of Agent (if not the same as in 10)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: PD  
NAME: HARA, NISSIM  
STREET ADDRESS: 9455 COLLINS AVE #1106  
CITY, ST, ZIP: SURFSIDE FL

1. TITLE:  Change  Addition

2. TITLE: VST  
NAME: HARA, RAQUEL  
STREET ADDRESS: 9455 COLLINS AVE #1106  
CITY, ST, ZIP: SURFSIDE FL

2. TITLE:  Change  Addition

3. TITLE: D  
NAME: HARA, RAQUEL  
STREET ADDRESS: 9455 COLLINS AVE #1106  
CITY, ST, ZIP: SURFSIDE FL

3. TITLE:  Change  Addition

4. TITLE:  DELETE

4. TITLE:  Change  Addition

5. TITLE:  DELETE

5. TITLE:  Change  Addition

6. TITLE:  DELETE

6. TITLE:  Change  Addition

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 included on the 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 manager 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: *Raquel Hara*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

CR2E034 (12/95)