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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03269 1. Corporation Name

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90010 021 ***150.00

UNIT:609	9 WAVES, INC.					1 1 01 /1 2 1/01/ 44/01 12/1 4 1/ 1/4 1	110 IEN 01 1 11	######################################	
<u></u>									
Principal Place		Mailing Address			ĺ			4.4	
9455 COLLINS	AVE	9455 COLLINS AVE							
#609 #609 SURFSIDE FL 33154 SURFSIDE FL 33154						DO NOT WRITE IN THIS SPACE			
					-	3. Date Incorporated or Qualifed			
						12/31/1991			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Apı	plied For
21		26				65-0342631		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State	е	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip		intry		8. This corporation owes the curr	ent year In		_
24	25	29	30	,————		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	t Registered Agent		81 Name	1	0. Name and Address of New F	Registered	l Agent	
PRES	STON, GERSON								
	71 ST			82 Street	Address	(P.O. Box Number is Not Accepta	ible)		
MAIM	AI BCH FL 33141			83					
1				84 City			Fi	85 Zip C	Code
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	2 and 607.1508, Florida Sta of Florida. Such change wa ions of Section 607.0505	atutes, the al	bove-named by the corpo	corporat oration's	ion submits this statement for the board of directors. I hereby accept	purpose o	f changing its pintment as reg	registered gistered
			rionoa otati	utos.					1
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered	Agent signature n		on reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered	Agent signature re			DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NID DIRECTORS	OTE: Registered	Agent signature of		on reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, bysed or printed name of registered agent OFFICERS AND	and title if applicable. (NID DIRECTORS	OTE: Registered 13. 1.1 TIT	Agent signature of		on reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D COSIOL, JAIME	and title if applicable. (NID DIRECTORS	OTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST	Agent signature n		on reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D COSIOL, JAIME 9455 COLLINA AVE #609	and title if applicable. (NID DIRECTORS	OTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII	Agent signature of TLE AME REET ADDRESS TY-ST-ZIP		on reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D COSIOL, JAIME 9455 COLLINA AVE #609 SURFSIDE FL	and title if applicable. (ND DIRECTORS DELETE	OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CI	Agent signature of TLE AME IREET ADDRESS IY-ST-ZIP ILE		on reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTOI ☐ Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D COSIOL, JAIME 9455 COLLINA AVE #609 SURFSIDE FL D	and title if applicable. (ND DIRECTORS DELETE	OTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA	Agent signature of TLE AME IREET ADDRESS IY-ST-ZIP ILE		on reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTOI ☐ Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS ANI D COSIOL, JAIME 9455 COLLINA AVE #609 SURFSIDE FL D COSIOL, TOBEL	and title if applicable. (NO DIRECTORS DELETE	OTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	Agent signature of TLE AME TREET ADDRESS TY-ST-ZIP TLE AME		on reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTOI ☐ Change	RS IN 12 Addition
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14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JA