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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT #

M69445

(8)

| 1. Corporation Name WONDER PRODUCTS, INC. Principal Place of Business 16311 NW 52ND AVE. MIAMI FL 33014 MIAMI FL 33014 | | | | | | | | |
|---|--|--|--|--|---|--------------------|-------------------------------------|---|
| MINN: LF C | 3014 | MIAMI PL 33014 | | | Date Incorporated or Qualified | 3a, Date | of Last B | eport |
| | | | | | 02/16/1988 | | 5/01/1 | • |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | h | Applied For |
| Suite, Apt. : | # etc | Suite, Apt. #, etc. | | | 65-0033207 | | | Not Applicable |
| Suite, Apr. 1 | #, 0 10. | 27 | | | 5. Certificate of Status Desired | | , | Additional Required |
| City & State |) | City & State | | | 6. Election Campaign Financing | | | O May Be |
| :3 | | 28 | | | Trust Fund Contribution | | | d to Fees |
| Zφ | Country | Zip | Cou | ntry | 8. This corporation has liability for | | x under s | 199.032, |
| 24 | 25 | 29 | 30 | | | . □No | | |
| | 9. Name and Address of Currer | ur nahistatan Whatit | | 81 Name | 10. Name and Address of New F | Jegistered A | -Aaur | |
| VAI AN | ICY, SCOTT | | | | | | | |
| | NW 52ND AVE. | | | 82 Street Add | lress (P.O. Box Number is Not Acceptat | ole) | | |
| | FL 33014 | and great and the distribution of the second | l | 83 | | | | |
| | | | } | 84 City | | | 85 Z ₁ | p Code |
| | | | | | oration submits this statement for the pu | FL | <u> </u> | ··· |
| | | | | orporation's boa | ard of directors. I hereby accept the app | Ommon 63 | .09.0.0.00 | - 3 |
| familiar wit | th, and accept the obligations of, Sect Signature, typed or printed name of registered agen | tion 607.0505, Florida Statutes | 5. | Agent signature require | | DATE | | |
| familiar wit SIGNATURE _ 12. | th, and accept the obligations of, Sect Signature, typed or printed name of registered agen OFFICERS AN | tion 607.0505, Florida Statutes t and title if applicable. (N ID DIRECTORS | D1E: Registered | Agent signature require | | DATE FICERS AND | DIRECTO | PRS IN 12 |
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SIGNATURE:

Without I and the point of supplier rental armular 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:

MARTIN TACHER

Date

Designe Pix de #