

5-2-97 13-60171 c.  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # P94000053533 (3)**  
 1. Corporation Name  
**WONDERLY HOLDINGS, INC.**



Principal Place of Business: **260 CRANDON BLVD. SUITE 26 KEY BISCAIYNE FL 33149**  
 Mailing Address: **260 CRANDON BLVD. SUITE 26 KEY BISCAIYNE FL 33149-1537**

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-28) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **07/20/1994**  
 3a. Date of Last Report: **01/29/1996**  
 4. FEI Number: **65-0512036**  
 5. Certificate of Status Desired: **XX \$8.75 Additional Fee Required**  
 6. Election Campaign Financing:  **\$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  
**OTERO & MULLIN, P.A.**  
**75 VALENCIA AVE.**  
**SUITE 400**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
 81 Name: **Cordoba, Maria C.**  
 82 Street Address (P.O. Box Number is Not Acceptable): **260 Crandon Boulevard, Suite # 26**  
 84 City: **Key Biscayne, FL** 85 Zip Code: **33149**

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 607.0905, Florida Statutes.  
 SIGNATURE: *Maria Cordoba* (NOTE: Registered Agent signature required when reinstating) DATE: **4/22/97.**

12. OFFICERS AND DIRECTORS

TITLE	<b>D - President</b>	<input type="checkbox"/> DELETE
NAME	<b>CORDOBA, ALFONSO</b>	
STREET ADDRESS	<b>260 CRANDON BLVD., #26</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE FL 33149</b>	
TITLE	<b>D - VP</b>	<input type="checkbox"/> DELETE
NAME	<b>GOOD, MARIA C</b>	
STREET ADDRESS	<b>260 CRANDON BLVD., #26</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE FL 33149</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D - VP</b>
3.3 STREET ADDRESS	<b>GOOD, SIDNEY S</b>
3.4 CITY-ST-ZIP	<b>260 CRANDON BLVD, STE 26</b> <b>KEY BISCAIYNE FL 33149</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D - VP</b>
4.3 STREET ADDRESS	<b>CORDOBA, VIRGINIA</b>
4.4 CITY-ST-ZIP	<b>260 CRANDON BLVD, STE 26</b> <b>KEY BISCAIYNE FL 33149</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D - VP</b>
5.3 STREET ADDRESS	<b>CORDOBA, CECILIA</b>
5.4 CITY-ST-ZIP	<b>260 CRANDON BLVD, STE 26</b> <b>KEY BISCAIYNE FL 33149</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Alfonso Cordoba* SIGNATURE REQUIRED: *Maria Cordoba* DATE: **4/24/97** DAYTIME PHONE #: **305-361-9800**

CR2E034 (9/96)