Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90044 010 \*\*\*158.75

## **FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P94000053533**1. Corporation Name

WONDERLY HOLDINGS, INC.

Principal Place	e of Business	Mailing Address			i	I (MAILAN 174 MINT ATTE			1 <b>46</b> mi <b>46</b> mi
260 CRANDON	BLVD.	260 CRANDON BLVD.							
SUITE 26		SUITE 26				DO NOT WRITE IN THIS SPACE			
KEY BISCAYNE FL 33149		KEY BISCAYNE FL 33149				3. Date Incorporated or Qualified			
	,					07/20/1994	Jameo .		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0512036			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Des	ired 🗶	¥	Additional
22		27				J. Certificate of Status Des	, , , , , , , , , , , , , , , , , , ,	Fee	Required
City & Stat	e	City & State				6. Election Campaign Fina	incing .	\$5.0	<b>0</b> May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes t	he current year Ini		
24	25	293	30			· Personal Property Тах.		Yes	<b>)</b>
	9. Name and Address of Current	Registered Agent				10. Name and Address of	New Registered	Agent	
0.05	00004 44504 0		8	1 Na	ime				
	RDOBA, MARIA C.		8	2 Str	reet Address	s (P.O. Box Number is Not A	Acceptable)		
260 CRANDON BLVD									
	E 26		8	3					
KEY	BISCAYNE FL 33149		8	4 Cit	hv			85 Zig	p Code
							FL	.	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes	s, the abo	ve-nar	ned corpora	ation submits this statement	for the purpose of	changing i	its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut ons-of, Sectiøn 607,∕0505, Florid	inorizeo b da Statute	y me o es.	corporation	s board of directors, i hereby	/ accept the appo-	intribent as	registered .
	Naw Musti Pr	Amport HI	ACIA G	CEC	ILIA C	CREDOSA GOOD	1/7/9	9	\
SIGNATURE	///wwc//w///~///						<del></del>		
	Signature, typed or onnted name of registered agent	· · · · · · · · · · · · · · · · · · ·	Registered Ag	jent signa	ature required w	hen reinstating)	/ PATE		
12.	Signature, typed or ornited name of registered agent OFFICERS AND	DIRECTORS	Registered Ag	jent signa		ADDITIONS/CHANGES	TO OFFICERS A		
		· · · · · · · · · · · · · · · · · · ·					TO OFFICERS A	ND DIRECT	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFICERS A		
12.	OFFICERS AND	DIRECTORS	13.		Pr	ADDITIONS/CHANGES	TO OFFICERS A		
12. TITLE NAME	D CORDOBA, ALFONSO	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ET ADDF	Pra	additions/changes es ipen t		Chang	e
12. TITLE NAME STREET ADDRESS	D CORDOBA, ALFONSO 260 CRANDON BLVD., #26	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ET ADDF	Pra	additions/changes es ipen t			e
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDOBA, ALFONSO 260 CRANDON BLVD., #26 KEY BISCAYNE FL 33149	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ET ADDF	Pra	ADDITIONS/CHANGES		Chang	e
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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 appearment with an address, with all other like empowered.

6.4 CITY-ST-ZIP