

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

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**APPROVED  
AND  
FILED**

55 FEB 28 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 458274 (8)**

**1. Corporation Name  
WIND-UP CORPORATION, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
1515 NORTHWEST 167TH STREET SUITE 104 MIAMI FL 33169 US		1515 NORTHWEST 167TH STREET SUITE 104 MIAMI FL 33169 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10/04/1974	07/20/1994
Suite, Apt. #, etc.		4. FEI Number	Applied For
22		59-1580064	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERICAN INFORMATION SERVICES INC. 801 BRICKELL AVENUE 24TH FLOOR MIAMI FL 33131				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 607.0505, Florida Statutes.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ **DATE** \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Director/President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, CAROLINA G. (M)	1.2 NAME	
STREET ADDRESS	1515 NORTHWEST 167TH STREET, SUITE 104	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	<del>B</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>JAMES CHERRY</del>	2.2 NAME	
STREET ADDRESS	<del>XXXXX</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>XXXXX</del>	2.4 CITY-ST-ZIP	
TITLE	<del>B</del>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WASHINGTON, GEMORNA, SXX</del>	3.2 NAME	
STREET ADDRESS	<del>XXXXX</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>XXXXX</del>	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Director/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANA, VILMA D.	4.2 NAME	
STREET ADDRESS	1515 NORTHWEST 167TH STREET, SUITE 104	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	Director/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONT, MIGUEL	5.2 NAME	
STREET ADDRESS	1515 NORTHWEST 167TH STREET, SUITE 104	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<del>B</del>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>JAMES CHERRY</del>	6.2 NAME	
STREET ADDRESS	<del>XXXXX</del>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<del>XXXXX</del>	6.4 CITY-ST-ZIP	

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 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:** *Carla D. Smith* \_\_\_\_\_ **DATE:** 2/22/95 **OFFICER #:** (305) 626-0135