

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 857438

(6)

1. Corporation Name

WONDER ENTERPRISE, INC.



Principal Place of Business

11309 S.W. 74TH TERRACE  
MIAMI FL 33173

Mailing Address

11309 S.W. 74TH TERRACE  
MIAMI FL 33173

3. Date Incorporated or Qualified  
08/17/1983

3a. Date of Last Report  
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21 1036 ASTURIA AVE.  
Suite, Apt. #, etc.

26 1036 ASTURIA AVE.  
Suite, Apt. #, etc.

4. FEI Number  
59-2305532

Applied For  
Not Applicable

22 City & State  
23 CORAL GABLES, FL

27 City & State  
28 CORAL GABLES, FL

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip 33134 Country 25 U.S.A.

29 Zip 33134 Country 30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNOZ, ROBERTO  
11309 S.W. 74TH TERRACE  
MIAMI FL 33173

81 Name MUNOZ, ROBERTO  
82 Street Address (P.O. Box Number is Not Acceptable)  
1036 ASTURIA AVE.  
83  
84 City CORAL GABLES FL 85 Zip Code 33134

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

*Roberto Muñoz*

ROBERTO MUÑOZ - PRESIDENT

1/16/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVT  
1.2 NAME MUNOZ, ROBERTO  
1.3 STREET ADDRESS 11309 SW 74TH TERRACE  
1.4 CITY-ST-ZIP MIAMI FL

1.1 TITLE PVT ☒ Change ☐ Addition  
1.2 NAME MUNOZ, ROBERTO  
1.3 STREET ADDRESS 1036 ASTURIA AVE.  
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

2.1 TITLE ☐ DELETE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

*Roberto Muñoz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

Date

305-639-3290

Daytime Phone

CR2E034 (12/95)