

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J73487 (7)

1. Corporation Name

WUNDERELLA, INC.

Principal Place of Business

8230 SW 64TH STREET
MIAMI FL 33143

Mailing Address

8230 SW 64TH STREET
MIAMI FL 33143

FILED
95 JUL 10 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 2231 WHITFIELD PARK AVE.

Suite, Apt. #, etc.

22

City & State

23 SARASOTA FL

Zip

24 34243

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/18/1987

3a. Date of Last Report

08/19/1994

4. FEI Number

65-0028300

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

SKINNER, TRUMAN A.
TWO DATRAN CENTER, SUITE 1509
9130 S. DADELAND BLVD.
MIAMI FL 33158

10. Name and Address of New Registered Agent

81 Name

RENEE GUSTO

82 Street Address (P.O. Box Number is Not Acceptable)

1720 ALTA VISTA ST.

83

84 City

SARASOTA

FL

85 Zip Code

34236

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

Renée Gusto

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-3-95

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

GUSTO, JEFFREY L.

STREET ADDRESS

8230 SW 64TH STREET

CITY - ST - ZIP

MIAMI FL

TITLE

VP

NAME

GUSTO, ANGELA RENEE

STREET ADDRESS

8230 SW 64TH ST

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

1.2 NAME

GUSTO, JEFFREY L.

1.3 STREET ADDRESS

1720 ALTA VISTA STREET

1.4 CITY - ST - ZIP

SARASOTA FL 34236

☒ Change ☐ Addition

2.1 TITLE

VP

2.2 NAME

GUSTO, ANGELA RENEE

2.3 STREET ADDRESS

1720 ALTA VISTA STREET

2.4 CITY - ST - ZIP

SARASOTA FL 34236

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 as an attachment with an address.

SIGNATURE:

Angela Renee Gusto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

7-3-95 (94) 755-7511