

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

25 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060025 (2)

1. Corporation Name

WONDER YEARS LEARNING CENTER, CORP.

Principal Place of Business

2055 N HIBISCUS DR
N MIAMI FL 33181

Mailing Address

2055 N HIBISCUS DR
N MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/23/1993	3a. Date of Last Report 06/28/1994
4. FET Number 65-0445348	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt # etc	26. Suite Apt # etc
22. City & State	27. City & State
23. ZIP	28. ZIP
24. Filing Office	25. Filing Office
29. Filing Office	30. Filing Office

9. Name and Address of Current Registered Agent

PLATZER, VICTORIA
777 ARTHUR GODFREY RD
FOURTH FLOOR
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81. Name Claudine Pedraja
82. Street Address (P.O. Box Number is Not Acceptable) 3120 Tami-a Road #127-50
83. City
84. City Altamira
85. State FL

11. Pursuant to the provisions of Sections 607.002 and 607.1506, 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 Sections 607.002 and 607.1506, Florida Statutes.

SIGNATURE

Claudine A. Pedraja

Claudine A. Pedraja, President 4/21/95

12. OFFICE FOR ANY OTHER FILING		13. ADDITIONAL CHANGES TO OFFICES AND EMPLOYEES (SEE INSTRUCTIONS)	
NAME	D PEDRAJA, CLAUDINE A	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	2055 N HIBISCUS DR	1. NAME	☐ Change ☐ Addition
CITY, ST, ZIP	N MIAMI FL 33181	1. NAME	☐ Change ☐ Addition
NAME		1. NAME	☐ Change ☐ Addition
STREET ADDRESS		1. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		1. NAME	☐ Change ☐ Addition
NAME		1. NAME	☐ Change ☐ Addition
STREET ADDRESS		1. NAME	☐ Change ☐ Addition
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CITY, ST, ZIP		1. NAME	☐ Change ☐ Addition
NAME		1. NAME	☐ Change ☐ Addition
STREET ADDRESS		1. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		1. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information included 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 manager or person empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

Claudine A. Pedraja *Claudine A. Pedraja* 4/21/95 813 7875000