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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,

FILED

Mar 27 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

Principal Place of Business

P93000080795 (6)

Mailing Address

WOMEN ARE WONDERFUL, INC.

6948 CROWN GATE DR. 6948 CROWN GATE DR. MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/23/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0459738 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Zio Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** RUBEN, GERSHON 6948 CROWN GATE DR. MIAMI LAKES BL 33014 Street Address (P.O. 82 вз 84 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 307.0505, Florida Statuter David Allan Kaber VII OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Addition Change TITLE 1.1 TITLE NAME RUBEN, ANN G. 1.2 NAME 6948 CROWN GATE DR. 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE RUBEN, GERSHÓN NAME 2.2 NAME 6948 CROWN GATE OR. STREET ADDRESS 2.3 STREET ADDRESS ンし HIALEAH EL CITY-ST-ZIP 2 4 CITY-ST-ZIP Change DELETE Addition 3.1 THILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4 1 TH E TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 13 if changed, or on an attachment with an address.