

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90290 031 ***150.00

DOCUMENT # P98000085848

1. Corporation Name

WONDERS OF MOSAIC CORPORATION



Principal Place of Business

~~255 WEST 24TH STREET~~
~~MIAMI BEACH FL 33140~~

Mailing Address

~~255 WEST 24TH STREET~~
~~MIAMI BEACH FL 33140~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1998

4. FEI Number

65-0867897

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 862 7TH AVENUE SO.

22 Suite, Apt. #, etc.

23 City & State

NAPLES, FL

24 Zip

34102

Country

USA

2a. Mailing Address

26 862 7TH AVENUE SO.

27 Suite, Apt. #, etc.

28 City & State

NAPLES, FL

29 Zip

34102

Country

USA

9. Name and Address of Current Registered Agent

~~AMERILAWYER~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name

THOMAS WANDERON

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

9915 TAMMAM TRAIL NO. #2

83

84 City

NAPLES

FL

85 Zip Code

34108

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

THOMAS WANDERON

(NOTE: Registered Agent signature required when reinstating)

DATE 5/13/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTD
STREET ADDRESS RONCHETTI, LAURA
CITY-ST-ZIP ~~255 WEST 24TH STREET~~
~~MIAMI BEACH FL 33140~~

TITLE ☐ DELETE

NAME SVD
STREET ADDRESS DEANGELIS, ROBERTO
CITY-ST-ZIP ~~255 WEST 24TH STREET~~
~~MIAMI BEACH FL 33140~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 862 7TH AVENUE SOUTH
1.4 CITY-ST-ZIP NAPLES, FL. 34102

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 862 7TH AVENUE SOUTH
2.4 CITY-ST-ZIP NAPLES, FL. 34102

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LAURA RONCHETTI

05/13/1999

434-9596

CR2E034 (11/98)