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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **K00855** **(2)**

1. Corporation Name
PUMA SNACKS, INC.

Principal Place of Business	Mailing Address
325 S.W. 14TH AVE. POMPANO BEACH FL 33069	325 S.W. 14TH AVE. POMPANO BEACH FL 33069-3509

3. Date Incorporated or Qualified: **11/03/1987**
3a. Date of Last Report: **04/23/1996**

2. Principal Place of Business
21 4100 North Powerline Rd
22 Suite, Apt. #, etc. 4-1
23 City & State: Pompano Beach, FL
24 Zip: 33073 25 Country: USA

2a. Mailing Address
26 4100 North Powerline Rd.
27 Suite, Apt. #, etc. 4-1
28 City & State: Pompano Beach, FL
29 Zip: 33073 30 Country: USA

4. FEI Number: **59-2887696** ☐ 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

9. **Name and Address of Current Registered Agent**

PUMARIEGA, ENRIQUE
6491 OCEAN DRIVE
MARGATE FL 33063

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PUMARIEGA, ENRIQUE		1.2 NAME		
STREET ADDRESS	6491 OCEAN DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PUMARIEGA, LISA A.		2.2 NAME		
STREET ADDRESS	438 NW 69TH TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PUMARIEGA, JUAN DE DIOS		3.2 NAME		
STREET ADDRESS	438 NW 69TH TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PUMARIEGA, GINA M.		4.2 NAME		
STREET ADDRESS	6491 OCEAN DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 any attachment with an address.

SIGNATURE: Gina M. Pumariega Gina M. Pumariega 2/20/97 (954) 97-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #