

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

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95 JUL 13 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001540618
-07/18/95--01109--011
*****8.75 *****8.75

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000033673 (3)**

1. Corporation Name
QUIX SNAXX INTERNATIONAL, INC.

Principal Place of Business Mailing Address
1450 MADRUGA AVE SUITE 305 CORAL GABLES FL 33146 **1450 MADRUGA AVE SUITE 305 CORAL GABLES FL 33146** **9200 South Dadeland Blvd. Suite 700 Miami, FL.**

DO NOT WRITE IN THIS SPACE.

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 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **05/10/1993** 3a. Date of Last Report **10/04/1994**
4. FEI Number **65-0445420** 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. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRAINOR, DIANE M ESQ
1450 MADRUGA AVE SUITE 305 CORAL GABLES FL 33146 **9200 South Dadeland Blvd. Suite 700 Miami, Florida 33156**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 *see new address in left box*
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* DATE **7/12/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D-
NAME	TRAINOR, WILLIAM P
STREET ADDRESS	1450 MADRUGA AVE SUITE 305
CITY - ST - ZIP	MIAMI FL 33146
TITLE	D/P
NAME	Vincent Celentano
STREET ADDRESS	987 Hillsboro Mile
CITY - ST - ZIP	Hillsboro Beach, FL.
TITLE	D/VP
NAME	Geraldine A. Trainor
STREET ADDRESS	961 Hillsboro Mile
CITY - ST - ZIP	Hillsboro Beach, FL.
TITLE	D/S/T
NAME	Karen Losordo
STREET ADDRESS	4 Butternut Lane
CITY - ST - ZIP	Hingham, Mass. 02043
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	800001540618
23 STREET ADDRESS	-07/18/95--01109--012
24 CITY - ST - ZIP	*****225.00 *****225.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(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, 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.

SIGNATURE: *[Signature]* DATE **7/11/95** **617-749-6417**
Karen P. Losordo