

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000033673 (3)

1. Corporation Name
QUIX SNAXX INTERNATIONAL, INC.



Principal Place of Business: 1450 MADRUGA AVE, CORAL GABLES FL 33146
Mailing Address: 961 Hillsboro Mile, Hillsboro Beach, FL 33062

2. Principal Place of Business
21 961 Hillsboro Mile
22 Suite, Apt. #, etc.
23 Hillsboro Beach, Florida
24 33062
25 USA
26 961 Hillsboro Mile
27 Suite, Apt. #, etc.
28 Hillsboro Beach, Florida
29 33062
30 USA

3. Date Incorporated or Qualified: 05/10/1993
3a. Date of Last Report: 07/13/1995
4. FEI Number: 65-0445420
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

TRINOR, DIANE M ESO
9200 SOUTH DADELAND BLVD
SUITE 700
MIAMI FL 33156

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed in block of registered agent and title if applicable

(NOTE: For printed Agent signature required word translation)

(22)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP VINCENT CELENTANO 987 HILLSBORO MILE HILLSBORO BEACH FL 33146	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVP GERALDINE A. TRINOR 961 HILLSBORO MILE HILLSBORO BEACH FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	2.2 NAME	Geraldine A. Trainor
STREET ADDRESS		2.3 STREET ADDRESS	961 Hillsboro Mile
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hillsboro Beach, Florida 33062
TITLE	DST KAREN LOSORDO 4 BUTTERNUT LANE HINGHAM MS 02043	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	Karen Losordo
STREET ADDRESS		3.3 STREET ADDRESS	4 Butternut Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	hingham, MS 02043
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	200001902052
STREET ADDRESS		5.3 STREET ADDRESS	-07/23/96--01104--007
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***233.75
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen Losordo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/96

CR2E034 (3/96)