

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

FILED
Oct 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000070128

1. Corporation Name

Snapper Creek Enterprises, Inc.

Principal Place of Business

Mailing Address

10191 S.W. 72nd Street
Miami, FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

September 12, 1995

2. Principal Place of Business

21 10191 SW 72nd Street

2a. Mailing Address

26 15120 SW 145 Street

4. FEI Number

65-0609889

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

23 Miami, FL 33173

28 City & State

28 Miami, FL 33196

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mario Armenti
10191 S.W. 72nd Street
Miami, FL 33173

81 Name

Mario Armenti

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

15120 S.W. 145 Street

83

84 City Miami

FL

85 Zip Code 33196

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 of person or persons authorized to register change (if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 1

TITLE PD ☐ DELETE

NAME Mario Armenti
STREET ADDRESS 10191 S.W. 72nd Street
CITY-ST-ZIP Miami, FL 33173

11 TITLE PD ☒ Change ☐ Addition

12 NAME Mario Armenti
13 STREET ADDRESS 15120 S.W. 145 Street
14 CITY-ST-ZIP Miami, FL 33196

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-07-98- 305-3780694

CR2E034 (10/97)