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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 544088

(8)

SNACK-IT-FOODS, INC.

\_\_\_\_

10817 N.W. 27TH AVE MIAMI FL

Principal Place of Business

10817 N.W. 27TH AVE MIAMI FL 33167-3407

Mailing Address

## FILED May 02 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

					08/30/1977		07/30/1996		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address					oplied For	
21		26			59-1767840		Not Applicable		
Suite, Apt. #, etc.		Surte, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
City & Stet		27 Cit., 9 Ciolo					Fee Re	<del></del> _	
_ `	e	City & State			6. Election Campaign Financing	ng <b>\$5.00</b> May Be Added to Fees			
Zip	Country	<b>28</b> Zip	T Cou	nlry	Trust Fund Contribution				
24	25	29	30	, my	8. This corporation has liability for Florida Statutes	intangible ta		. 199.032,	
[27]	9. Name and Address of Curre		1301		10. Name and Address of New Re			·	
CAL	MMARCO, VINCENT T			81 Name			·		
1000 N. HIATUS ROAD, SUITE 140 PEMBROKE PINES FL 33026				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
				84 City		FL	<b>85</b> Zip (	Code	
office or r	registered agent, or both, in the State	e of Florida. Such change was	authorized	d by the corpora	poration submits this statement for the p tion's board of directors. I hereby acce	ourpose of coupt the appoint	hanging it ntment as	s registered registered	
agent. I a	im familiar with, and accept the oblic	ations of, Section 607.0505, Fi	lorida Stat I	utos.				-	
SIGNATURE	Signature, typed or printed name of registered ac		II flegetere	Agent signature requi		DATE			
12.		ID DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFICE				
TITLE	PD	DELETE	1.1 I	1.6		L	Change	Addition	
NAME	LEE,ALBERT			ME					
STREET ADDRESS	10817 NW 27TH AVE		1,3 S	ÆET ADDRESS					
CITY-ST-ZIP	MIAMI FL	T priese	1.4.0	Y - \$? - 7(P			7.05	FT A4455	
TITLE	SD CHATANI CORIND	DELETE.	211	HE i.		L	Change	Addition	
NAME	CHATANI, GOBIND		221	W!					
STREET ADDRESS	10617 NW 27T AVE		235	REET ADDRESS					
CITY-ST-ZIP	MIAMI FL	DELITE	2 4	Y-S1 ZIP		r	Change	Addition	
TITLE		☐ ptri i(	3 1			L	Change	L'1 Youngou	
NAME	1		3.2	At			,		
STREET ADDRESS			3 3	FF1 ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4	Y - \$1 - 7HP		г	Change	Addition	
NAME		_ DATE		et		ļ	Ondalyc	L.J. MUURION	
STREET ADDRESS			1.1	EL ADDRESS					
			1.3						
CITY-ST-ZIP		DELETE		ST ZIF		r	Change	Addition	
NAME		_ section	5			(-	an Unungo		
STREET ADORESS	1		5	T ADDRESS					
CITY-ST-ZIP			,						
TITLE		DELETE	<del>-</del> - <del>-</del> - <del>-</del> -	ST-ZIP		<u>-</u>	Change	Addition	
NAME	İ	<u></u>	6			-			
STREET ADDRESS	1			1 ADDRESS					
CITY-ST-ZIP			٥.3						
	by certify that the information supplied	ed with this filing does not qual	lify for th	-ST-ZIP xemution states	d in Section 119.07(3)(i), Florida Statute	s. I further c	certify that	the	
Information	by certify that the information supplied in indicated on this annual report or officer or director of the corporation of the co	supplemental annual report is	true and				I made und	der oath; tha	
appears	in Block 12 or Block 13 it changed, a	or on an attachment with an <mark>ad</mark>	ldress.	recute trils repo	t my eignature shall have the same lega mas required by Chapter 607, Florida	03	88 6	222	