FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
1996 SEP 11 AM 11: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000624 (8)

1. Corporation Name
SNACKS ENTERPRISES, LIMITED COMPANY

Principal Place of Business
% 801 BRICKELL AVENUE, SUITE 1301
MIAMI FL 33131

Mailing Address
% 801 BRICKELL AVENUE, SUITE 1301
MIAMI FL 33131

3. Date Incorporated or Qualified: 12/11/1992
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business	2a. Mailing Address
21 701 Brickell Avenue	26 701 Brickell Avenue
Suite, Apt. #, etc. 22 Suite 850	Suite, Apt. #, etc. 27 Suite 850
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

4. FEI Number: NOT APPLICABLE ☐ 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
SULLIVAN, JOHN S
801 BRICKELL AVENUE
SUITE 1301
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue
83 Suite 850
84 City Miami FL 85 Zip Code 33131

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 name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	WORLDWIDE CORPORATE SERVICES, INC.	
STREET ADDRESS	P.O. BOX 71, ROAD TOWN N/A	
CITY-ST-ZIP	TORTOLA, BVI	
TITLE	P	☐ DELETE
NAME	MANSFIELD, ABDIEL	
STREET ADDRESS	AVDA. FEDERICO BOYD NO. 33	
CITY-ST-ZIP	PANAMA 1 REP DE PANAMA	
TITLE	S	☐ DELETE
NAME	LEDEZMA, HERIBERTO	
STREET ADDRESS	AVDA. FEDERICO BOYD NO 33	
CITY-ST-ZIP	PANAMA 1, REP DE PANAMA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Director/President	☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director/Secretary	☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director/Assist. Sec.	☐ Change ☒ Addition
4.2 NAME	Arcadio Nunez	
4.3 STREET ADDRESS	Avda. Federico Boyd no. 33	
4.4 CITY-ST-ZIP	Panama 1, Rep. de Panama	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(x), 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: Abdiel Mansfield/President 04/27/96 (305)381-3840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)