

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

PROFIT CORPORATION ANNUAL REPORT 1996 AMENDED



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

FILED

96 DEC 30 PM 3: 14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F92000000624

**1. Corporation Name
SNACKS ENTERPRISES, LIMITED COMPANY**

Principal Place of Business Mailing Address
~~701 Brickell Ave. 701 Brickell Avenue.~~
~~Suite #850 Suite #850~~
~~Miami, FL 33131 Miami, FL 33131~~

2. Principal Place of Business	2a. Mailing Address
21 153 Sevilla Avenue	26 P.O. Box 140668
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Coral Gables, FL	28 Coral Gables, FL
Zip Country	Zip Country
24 33134 25 USA	29 33114-0668 30 USA

9. Name and Address of Current Registered Agent

~~SULLIVAN, JOHN C.~~
~~701 Brickell Avenue #805~~
~~Miami, FL 33131~~

10. Name and Address of New Registered Agent

81 Name
82 M/J REGISTERED AGENT CORP.
83 Street Address (if not the same as the corporation)
153 Sevilla Avenue
84 City
Coral Gables
85 State
FL
86 Zip
33134

3. Date of Incorporation (or Qualified) 12/11/92

3a. Date of Last Report

4. Filing Period
NOT APPLICABLE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

7. This corporation has liability for unpaid taxes under 119.07(9)(3), Florida Statutes. Yes No

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above named respondent solemnly declares that he is not a director, officer, 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 a registered agent, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Michael J. Freeman*
Michael J. Freeman, President

12/20/96
M/J REGISTERED AGENT CORP.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MANSFIELD, ABDIEL
STREET ADDRESS	Avda. Federico Boyd No. 33
CITY-STATE-ZIP	Panama 1, REP De Panama
TITLE	SD
NAME	LEDEZMA, HERIBERTO
STREET ADDRESS	Avda. Federico Boyd No. 33
CITY-STATE-ZIP	Panama 1, REP de Panama
TITLE	ASD
NAME	NUENZ, ARCADIO
STREET ADDRESS	AVDA. Federico Boyd No. 33
CITY-STATE-ZIP	Panama 1, REP. de Panama

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	GROUP
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	GROUP
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	GROUP
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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*******61.25 *****61.25**

Handwritten signature/initials

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(9)(3), 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 in person. I am an officer or director of the corporation or the person or persons 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 some attachment with this address.

SIGNATURE: *Abdiel Mansfield*
Abdiel Mansfield, President

12/19/96 (305) 442-1567

CR2534 (12/95)