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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F92000000624 (8)

1. Corporation Name
SNACKS ENTERPRISES, LIMITED COMPANY



Principal Place of Business: **701 BRICKELL AVENUE SUITE 860 MIAMI FL 33131**
 Mailing Address: **701 BRICKELL AVENUE SUITE 860 MIAMI FL 33101-2064**

3. Date Incorporated or Qualified: **12/11/1992**
 3a. Date of Last Report: **09/11/1996**

2. Principal Place of Business: **4 COLUMBUS CENTER W1 ROAD TOWN - TORTOLA BRITISH VIRGIN ISLANDS**
 2a. Mailing Address: **P.O. Box 140668 Coral Gables, FL 33114 USA**

4. FEI Number: **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:
GULLMAN, JOHN S
701 BRICKELL AVENUE
SUITE 860
MIAMI FL 33131

10. Name and Address of New Registered Agent:
 81 Name: **MJF REGISTERED AGENT CORP.**
 82 Street Address (P.O. Box Number is Not Acceptable):
 83 **153 Sevilla Avenue**
 84 City: **Coral Gables** FL 85 Zip Code: **33134**

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.
Michael J. Freeman, President, MJF Registered Agent Corp. Dec 4/29/97.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANSFIELD, ABDIEL	
STREET ADDRESS	AVDA. FEDERICO BOYD NO. 33	
CITY-ST-ZIP	PANAMA 1 REP DE PANAMA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEDEZMA, HERIBERTO	
STREET ADDRESS	AVDA. FEDERICO BOYD NO 33	
CITY-ST-ZIP	PANAMA 1, REP DE PANAMA	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	NUNEZ, ARCADIO	
STREET ADDRESS	AVDA. FEDERICO BOYD NO. 33	
CITY-ST-ZIP	PANAMA 1, REP. DE PANAMA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **Mansfield** **Abdiel Mansfield, President (305) 442-1567**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/27/97 Date Daytime Phone # 0172184

CR2E034 (9/96)