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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT # H94232

(6)

SN'S ENTERPRISES, INC.									
Principal Place	of Business	Mailing Address					<b>111 WIR WIR</b>		10(1 010(1 100)
1115 SE 12TH TERRACE DEERFIELD BEACH FL 33441		1115 SE 12TH TERRACE DEERFIELD BEACH FL 33441							
					3. Date incorporated or Qualified			•	
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2638967	Applied For Not Applicable			
Suite, Apt. #	#, etc.	Suite, Apt. #, etc			5. Gertificate of Status Desired	\$8.75 Additional Fee Required			
City & State	}	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 25		Zip 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  No			
24	9. Name and Address of Current		1991	Ι		10. Name and Address of New F	legistered	Agent	
MALL MA. (AAR ID) -V-TOTT				81	Name				
	JEAN MICHEL 12TH TERRACE		82 5			ess (P.O. Box Number is Not Acceptab	ile)		
	LD BEACH FL 33441			83				-	
				84	City			85 Zı	p Code
	to the provisions of Sections 607.0502	1607 1500 [1]				tion or having the obstances for the cu-	FI.	anoino ite i	recistered offic
or register	ted agent or both, in the State of Florid th, and accept the obligations of Section	Ia. Such change was author	ized by the c	corp	oration's boar	rd of directors. I hereby accept the app	ointment a	s registered	Lagent Lam
SIGNATURE _	Signature, typing or printed name of registered agent.	audithe faccocatée (f	Note Registere	ı Açı	nt signature respiese		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PSTD	DELETE		TLF				Change	Addition
NAME	LOPEZ, JEAN MICHEL		12 N						
STREET ADDRESS	1115 SE 12TH TERRACE DEERFIELD BEACH FL 33441				ADDRESS				
CITY - ST - ZIP TITLE	DEENFIELD BEACH FL 33441	DELÉTÉ	2 1 1		51 - ZIP	Change		Change	Addition
NAME			22 N						_
STREET ADDRESS					I ADDRESS				
CITY - ST - ZIP					ST ZIP				
TiTLE		☐ DELFIE	3 1 3					Change	☐ Addition
NAME			3 2 N	AMé					
STREET ADDRESS			335	STREE	LADDRESS				
CITY - ST - ZIP			340	iTγ - \$	ST - ZVP				
TITLE		☐ DECETE	4 1 ]	II*tF				☐ Change	Addition
NAME			4 2 N	IAMi					
STREET ADDRESS			435	THEE	T ADDRESS				
CITY-ST-ZIF		Fig. 6-1 feet			ST ZIP			Change	[**] Add tion
TITLE		☐ DELETE	5 1					☐ Change	Add tion
NAME			521		1.1000000				
STREET ADDRESS					1 ADORESS				
CITY - ST - ZIP TITLE		DELETE		DIY :: Totale	51-7IP			Change	Addition
NAME		seein	621						
STREET ADDRESS					LADDRESS				
			/		ST-ZIP				
14. I do heret	by certify that the information supplied:	with the filing is voluntarily b	nished and	Ldoe	as not rocal fy	for the exemption stated in Section 119	07(3)(k), F	lorida Stati	utes. I further
certify that oath, that	at the information indicated on this avail t Lam an officer or director of the wint	rat raused on supplemental a	nnual report stee en ipowe	15 tr	ue and accur	ate aodi that my sidnature shall bave thi	e samo leo	al effect as:	ur made unde

JEAN MILHEL LOPET