

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

DOCUMENT # K00855 (2)
1. Corporation Name
PUMA SNACKS, INC.



Principal Place of Business: **325 S.W. 14TH AVE. POMPANO BEACH FL 33069**
Mailing Address: **325 S.W. 14TH AVE. POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified: **11/03/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

4. FEI Number 59-2887696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PUMARIEGA, ENRIQUE 6491 OCEAN DRIVE MARGATE FL 33063				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature typed or printed in block below and initial above. NOTE: Registered Agent's signature is required for reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUMARIEGA, ENRIQUE	1.2 NAME	
STREET ADDRESS	6491 OCEAN DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUMARIEGA, LISA A.	2.2 NAME	
STREET ADDRESS	438 NW 69TH TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUMARIEGA, JUAN DE DIOS	3.2 NAME	
STREET ADDRESS	438 NW 69TH TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUMARIEGA, GINA M.	4.2 NAME	
STREET ADDRESS	6491 OCEAN DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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: *Lisa Pumariega* **Lisa Pumariega** **1-31-96** ⁽⁹⁵⁴⁾ **946-5488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)