

**CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 JAN 17 PH 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name SNA, INC.	DOCUMENT # P 93000027133
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Mailing Address 335 Ocean Drive Miami Beach, FL 33139	Principal Place of Business Same
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 4/13/93		3a. Date of Last Report 4/13/94	
2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0404601	Applied For Not Applicable
5. Certificate of Status Desired \$8.75		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
7. Nonprofit Exempt from \$138.75 Supplemental Fee		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

Alan B. Fishman, Esq.
1630 Lenox Avenue, Suite 215
Miami Beach, Florida 33139

10. Name and Address of New Registered Agent

81 Name
Gerald Greenspoon, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
100 W. Cypress Creek Road, Suite 700
83
84 City
Fort Lauderdale FL 85 Zip Code
33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE 3/28/95
Registered Agent Accepting Appointment (NOTE: Registered Agent Signature required when reinstating) GERALD GREENSPOON

12. OFFICERS AND DIRECTORS			
1. TITLE	D/P/S	2. NAME	JOEL M. GAMEL
3. STREET ADDRESS	335 Ocean Drive	4. CITY - ST - ZIP	Miami Beach, FL 33139
1. TITLE	D/VP/T	2. NAME	ISAAC GAMEL
3. STREET ADDRESS	335 Ocean Drive	4. CITY - ST - ZIP	Miami Beach, FL 33139
1. TITLE		2. NAME	
3. STREET ADDRESS		4. CITY - ST - ZIP	
1. TITLE		2. NAME	
3. STREET ADDRESS		4. CITY - ST - ZIP	
1. TITLE		2. NAME	
3. STREET ADDRESS		4. CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		1.2 NAME	
1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I also 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE 3/28/95
Signature and Typed or Printed Name of Signing Officer or Director