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FILED

May 07 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 # P94000029306 (5)

1. Corporation Name

SNOWFLAKE INVESTMENTS, INC.

Principal Place of Business

815 NORTH RED ROAD
SUITE 200
MIAMI FL 33126

Mailing Address

815 NORTH RED ROAD
SUITE 200
MIAMI FL 33126-2041



2. Principal Place of Business

21 7231 S.W. 63 Avenue

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Miami, FL

Zip

24 33143

Country

25 U.S.A.

2a. Mailing Address

26 7231 S.W. 63 Avenue

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Miami, FL

Zip

29 33143

Country

30 U.S.A.

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0487034

Applied For

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

BRU, RAFAEL I
815 NORTH RED ROAD
SUITE 200
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7231 S.W. 63 Avenue

83 Suite 200

84 City
Miami

FL

85 Zip Code
33143

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

Signature of the person named as registered agent and titled as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BRU, RAFAEL I
STREET ADDRESS 815 N. RED ROAD #200
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ DELETE
NAME CREWS, VIVIAN M
STREET ADDRESS 815 N. RED ROAD #200
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ DELETE
NAME SOTO, MANUEL
STREET ADDRESS 815 N. RED ROAD #200
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 7231 S.W. 63 Avenue, Suite 200
1.4 CITY-ST-ZIP Miami, FL 33143

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7231 S.W. 63 Avenue, Suite 200
2.4 CITY-ST-ZIP Miami, FL 33143

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 7231 S.W. 63 Avenue, Suite 200
3.4 CITY-ST-ZIP Miami, FL 33143

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)