FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700002151 (3)

QUALITY SNACKS, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Ad	Mailing Address					T 100 100 110 (DITI) 1901 COLIS BEIST OBTIC DOTA DOTA DOTA OBTIC STORE THOSE OF THE STATE OF				
5491 SW 90 (СТ	5491 SW 9	5491 SW 90 CT									
MIAMI FL 33165				MIAMI FL 33165				DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified				
								1 '				
2. Principal F	Place of Busines	s	2a, Mailing	Address				12/27/1996 4. FEI Number				Applied For
21			h	26				65-071957	7Ω		h	ot Applicable
Suite, Apl. #, etc.				Suite, Apt. #, etc.								Additional
22			27	[27]				5. Certificate of St	tatus Desired	L		Required
City & State				City & State				6. Election Campa	aign Financing		\$5.00	May Be
23			28	28			Trust Fund Cor	ntribution			to Fees	
Zıp		Country	Zip		Cour	ntry		8. This corporation	n owes or has p			
24	25		29		30				rty Tax due Jun			X No
			rent Registered Ag	jent		~4	Mana	10. Name and Add	cress of New R	egistered .	Agent	
	iitney, winst	ION G				81	Name					
	91 SW 90 CT		82			Street Ad	dress (P.O. Box Numbe	r is Not Accepta	able)			
MIAMI FL 33165				<u> </u>						,		
!					- 1	В3						ľ
1					ļ	84	City		······································	FL	85 Zip	Code
11 Pursuant	to the provision:	s of Sections 607.	0502 and 607.1508.	Florida Statute:	s, the ab	xove-	named co	progration submits this st	atement for the		changing	its registered
office or agent. I a	registered agent am familiar with,	t, or both, in the S and accept the of	tate of Horida. Such oligations of, Section	change was at 607.0505, Flor	ithorized ida Stati	by total	he corpor	rporation submits this st ation's board of director	s. I hereby acce	ept the app	oinlment a	s registered
SIGNATURE	Stgnature, typed or r	printed name of registered	dagont and title diapplicable	o. (NOTE:	Registered	l Agent	signature req	quired when reinstating)		DATE		
12.		OFFICERS	AND DIRECTORS		13.			ADDITIONS/CH/	ANGES TO OFFI	ICERS AND		
TITLE	D			DELETE	1.1 1(1	ιF					☐ Change	Addition
NAME		winston G			1.2 NA	ME						
STREET ADDRESS	5491 SW 9				1.3 ST	REET AI	DDRESS					ļ
CITY-ST-ZIP	MIAMI FL 3	3165			1.4 CIT		21P					
TITLE	D			DELETE	2.1 1(1						☐ Change	Addition
NAME	WHITNEY, I				2.2 NA		-					į
STREET ADDRESS	5491 SW 9						DORESS					
CITY-ST-ZIP	MIAMI FL 3	3165		DELETE	2. 4 CI	*****	- ZIP				Channa	Addition
TITLE	ļ			DITCH	3.1 TIT						Change	E Addition
NAME					3.2 NA		nppror					
STREET ADDRESS	l						DDRESS					
CITY-ST-ZIP TITLE				DELETE	3.4. CF 4.1 TiT		- 7(P				Change	☐ Addition
NAME				LL PERFIL	4.1 JI							- regined
STREET ADDRESS	1						DORESS					
CITY-ST-ZIP					4.4 CIT							
TITLE				DELETE	5.1 TIT						☐ Change	Addition
NAME	1		·		5.2 NA		}				-	
STREET ADDRESS							DDRESS					
CITY-ST-ZIP]				5.4 CIT							
TITLE				DELETE	6.1 TiT				·····		Change	Addition
NAME	}				6.2 NAI	ME)					
STREET ADDRESS					6.3 STF	REET A	DORESS					
CITY-ST-ZIP	_				6 4 CI1	Y-ST-	ZIP					
							i					

14. I 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 suppliemental 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 13 if changed or on an attachment with an address.