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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000045096 (9)

SNAPPIT TOY, INC.

Principal Place of Business

Mailing Address

## FILED Feb 03 1998 8:00am Secretary of State



4833 S.W. 75 AVENUE 4833 S.W. 75 AVENUE MIAMI FL MIAMI FI DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 31 FOX 65 - 0759408 Chase Cf Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent FRED G. PRICHASON, P.A. 16931 NORTHEAST SIXTH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33162 83 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTD DELETE Addition 1.1 TITLE Change TITLE HESS. ALEX CR2E034 1.2 NAME NAME 5875 S.W. 74 TERRACE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33143** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE DIELTIENS, BRUNO NAME 2.2 NAME **BELGIELEI 15 B, 2018** STREET ADDRESS 2 3 STREET ADDRESS ANTWERPEN, BELGIUM CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **PUJOL, JACQUES** NAME 3.2 NAME ROUTE D'ARMISSAN, MALARD LE NEU STREET ADDRESS 3.3 STREET ADDRESS 11105 NARBONNE, FRANCE CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 4.4 CITY-ST-7IP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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. I further certify that the information indicated in 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. I further certify that the information indicated in the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of the corporation of the corpor

**SIGNATURE:** 

Hesc-CEO