

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90085 017 \*\*\*150.00

DOCUMENT # P97000045096

1. Corporation Name  
SNAPPIT TOY, INC.

Principal Place of Business

4833 SW 75TH AVE  
MIAMI FL 33155  
US

Mailing Address

31 FOX CHASE CT  
FREEHOLD NJ 07728  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0759408

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRED G. PRICHASON, P.A.  
16931 NORTHEAST SIXTH AVENUE  
NORTH MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME HESS, ALEX  
STREET ADDRESS 5875 S.W. 74 TERRACE  
CITY-STATE-ZIP MIAMI FL 33143

1.1 TITLE  
1.2 NAME Hess, Alex  
1.3 STREET ADDRESS 175 5th Ave #2414  
1.4 CITY-STATE-ZIP NY, NY 10010

TITLE V  
NAME DIELTIENS, BRUNO  
STREET ADDRESS BELGIELEI 15 B, 2018  
CITY-STATE-ZIP ANTWERPEN, BELGIUM

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE S  
NAME PUJOL, JACQUES  
STREET ADDRESS ROUTE D'ARMISSAN, MALARD LE NEU  
CITY-STATE-ZIP 11105 NARBONNE, FRANCE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

212-924-4270

Date

Daytime Phone #

CR2E034 (11/98)