FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

• CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S31505** **(8)**

1. Corporation Name
FAST FOOD SNACKS, INC.

Principal Place of Business	Mailing Address
1036 SW 1 ST MIAMI FL 33130-1094	1036 SW 1 ST MIAMI FL 33130-1094 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/13/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 1036 S.W. 1 ST.
22 Suite, Apt. #, etc.
23 City & State: MIAMI FLORIDA
24 Zip: 33130 25 Country: US

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **65-0339884** ☐ 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 C. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FL ANNUAL REPORT SERVICES/CANTERA ASSOC.
1036 SW 1 ST
MIAMI FL 33130-1094

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1036 S.W. 1 ST.
83
84 City: MIAMI FL 85 Zip Code: 33130

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: AMADA C. LOPEZ, PRES DATE: 4/95
Signature required when executed by another person. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	11 TITLE	☐ Change ☐ Addition
NAME	GALI, JOEL	12 NAME	
STREET ADDRESS	961 SW 58 AVE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	TD	21 TITLE	T/D.GALI ANA.L ☐ Change ☐ Addition
NAME	GALI, ANAL	22 NAME	
STREET ADDRESS	961 SW 58 AVE	23 STREET ADDRESS	961 S.W. 58 AVE
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI FLA.
TITLE	PD	31 TITLE	500001447745 ☐ Addition
NAME	MEURICE, ANA	32 NAME	-05/02/95--01149--007
STREET ADDRESS	961 SW 58 AVE	33 STREET ADDRESS	****200.00 ****200.00
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	BN 4/27
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that no information contained in this filing is confidential and 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 added on an attachment with an address.

SIGNATURE: JOEL GALI 4/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

01N332 CP