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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$31505

(8)

FAST FOOD SNACKS, INC.

SIGNATURE:

APPROVEU FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



Principat Place of Business 2300 CORAL WAY MIAMI FL 33145		Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511		1881/1919 198   11/8) 11981 81111 84181 9141 81911 81811 81811 81811 81811 81811 81811 81811	
				3. Date Incorporated or Qualified 02/13/1991	\$a, Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	ORAL WAY	26 2300 CORAL W	/AY	65-0339884	Not Applicable
Suite, Apt 1 2 # 200	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat∈	0	City & State		6. Election Campaign Financing	\$5.00 May Be
MIAMI	FLORIDA	28 MIAMI FLORID	<u> </u>	Trust Fund Contribution	Added to Fees
Z <sub>ip</sub> 33145	Country 25 US	Zip 29 33145	Country 30 US	This corporation has liability for Florida Statutes	intangible tax under s. 199.032,  Yes No
1	9. Name and Address of Cur			10. Name and Address of New R	
2300 #200		ICES INC	81 Name 82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
MIAN	MI FL 33145		83		
	_		84 City		FL 85 Zip Code
	to the provisions ( Sections 607.0	0502 and 607 (508, Florida Statul	tes, the above named cor	rporation submits this statement for the	
office of re agen( ) ar	edistered agold, by bolg, in the St rictamihar with, and addubility by	ate of Florida Such change was digations of Section 607.0505, Fl	authorized by the corpora orida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acce	ept the appointment as registered
IGNATURE.	- William	M. / \ AM	IADA CANTERA L	OPEZ.PRES	23/7/
	Signature Typed of organize rearie of sequenced	agent and intell applicable (NO)	E. Registered Agent signature requ	uired when reinstaling)	DATE /
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2.		AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFF	
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NAME OF SIGNING OFFICER OR DIRECTOR