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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000035206 (7)

1. Corporation Name
EM CIGARS INC.

Principal Place of Business

C/O ROLAND SANCHEZ-MEDINA, JR.
701 BRICKELL AVE. #3000
MIAMI FL 33131

Mailing Address

C/O ROLAND SANCHEZ-MEDINA, JR.
701 BRICKELL AVE. #3000
MIAMI FL 33131-2847



3. Date Incorporated or Qualified
04/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 2335 N.W. 107 AVE

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

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Zip

24 33172

Country

Zip

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Country

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4. FEI Number

65-0663337

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 s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SANCHEZ-MEDINA, ROLAND JR.
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name EMMANUELLE MARTY

82 Street Address (P.O. Box Number is Not Acceptable)
2335 N.W. 107 AVE # 2431

83

84 City MIAMI

FL

85 Zip Code 33172

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

EMMANUELLE MARTY

(NOTE: Registered Agent Signature required when reinstalling)

DATE

04/24/97

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME EMMANUELLE MARTY
STREET ADDRESS 555 NE 34 ST. APT # 2105
CITY- ST- ZIP MIAMI FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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1.4 CITY- ST- ZIP

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31.1 TITLE
31.2 NAME
31.3 STREET ADDRESS
31.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMMANUELLE MARTY

04/24/97

Date

305
593 5600

Daytime Phone #

0172882

CR2E034 (9/96)