DOMINIK & STEIN
ATTORNEYS AT LAW

PATENT • TRADEMARK • COPYRIGHT
FRANCHISE • COMPUTER LAW
AND RELATED
LICENSING • LITIGATION

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6175 NORTHWEST 153RD STREET
MIAMI LAKES, FLORIDA 33014
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TAMPA OFFICE
SUITE 1000
600 NORTH WESTSHORE BOULEVARD
TAMPA, FLORIDA 33609
TELEPHONE (813) 289-2966
TELEFAX (813) 289-2967

PLEASE REPLY TO: MIAMI

T96000000021

December 6, 1995

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: State Trademark Application
Applicant: LA TRADICION CUBANA, INC.
Mark: LA TRADICION CUBANA
Our ref.: 12-134-001 Fla.

Dear Sir:

Enclosed please find an application to register the above-identified mark in the State of Florida and our check in the amount of $87.50 to cover the filing fee, plus ~~three~~ (3) specimens showing the mark. five 5

Should anything further be required, please contact the undersigned at (305) 556-7000.

Sincerely,

DOMINIK & STEIN

By Floyd B. Chapman
Floyd B. Chapman

FBC:rr
Enclosure

T96-
21

Name Availability	
Document Examiner	GSH
Updater	GSH
Updater Verifyer	GSH
Acknowledgement	GSH
W. P. Verifyer	GSH

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -7 AM 11:29

Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgement should be sent:

Floyd B. Chapman
Suite 225, 6175 N.W. 153 Street
Miami Lakes, Florida 33014
(305) 556-7000
Daytime Telephone number

PART I

1. (a) Applicant's name: La Tradicion Cubana, Inc. ✓ P95000024741

(b) Applicant's business address: 172-B West Flagler Street
Miami, Florida 33130
City/State/Zip

(c) Applicant's telephone number: (305) 374-2339

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other: _____
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,
(1) Florida registration number: P95000024741 (2) Domicile State: Florida
(3) Federal Employer Identification Number: 65-0569078

2.(a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)

FILED
95 JAN -4 AM 11:39
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

TOBACCO CIGARS

(c) The mode or manner in which the mark is used.(i.e., labels, decals, newspaper advertisements,brochures, etc.)

The mark is used by applying it to cigar bands

(Continued)

(d) The class(e) in which goods or services fall:

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PART II

1. Date first used by the applicant, predecessor, or a related company(must include month, day and year):

(a) Date first used anywhere: August 15, 1995 (b) Date first used in Florida: August 15, 1995

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

LA TRADICION CUBANA TRANSLATION: THE CUBAN TRADITION

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " CUBANA/CUBAN " APART FROM THE MARK AS SHOWN.

I, _____, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN -4 AM 11:39

LA TRADICION CUBANA, INC.
Typed or printed name of applicant

Luis Sanchez
Applicant's signature or authorized person's signature
(List name and title) Luis Sanchez, President

STATE OF FLORIDA

COUNTY OF DADE

On this 11TH day of DECEMBER, 19 95, Luis Sanchez personally appeared before me,

☑ who is personally known to me
☐ whose identity I proved on the basis of _____

Gloria Lazar
Notary Public Signature

OFFICIAL NOTARY SEAL
GLORIA LAZAR
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC261196
MY COMMISSION EXP. MAR. 21,1997

Notary's Printed Name

Seal

My Commission Expires

FEE: $87.50 per class