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

DOCUMENT # P94000029334

1. Corporation Name

C.A.T. TOBACCO CORP.

Principal Place of Business	Mailing Address
7440 S.W. 50TH TERRACE UNIT 106 MIAMI FL 33155 US	7440 S.W. 50TH TERRACE UNIT 106 MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/18/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0494630**	Applied For
21	26		Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	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
LEVINE, CAROLINA 8341 S.W. 83 STREET MIAMI FL 33143	81 Name	*CARLOS A. TORANO*
	82 Street Address (P.O. Box Number is Not Acceptable)	*8334 SW 82 TERR*
	83	
	84 City *MIAMI*	FL 85 Zip Code *33143*

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 *CARLOS TORANO*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE *3/31/99*

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	TORANO, CARLOS		1.2 NAME		
STREET ADDRESS	4135 BAY LAUREL WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP		
TITLE	P D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	LEVINE, SETH		2.2 NAME		
STREET ADDRESS	8341 S.W. 83 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	LEVINE, CAROLINA T		3.2 NAME		
STREET ADDRESS	8341 S.W. 83 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		3.4 CITY-ST-ZIP		
TITLE	X P	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	TORANO, CARLOS A		4.2 NAME		
STREET ADDRESS	5015 S.W. 87 CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ *Carolina Levine* 3/26/99   305 061-9121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #