

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 260237

**FILED**  
**Mar 14, 2016**  
**Secretary of State**  
**CC2158872594**

**Entity Name:** DOSAL TOBACCO CORPORATION

**Current Principal Place of Business:**

4775 NW 132 STREET  
OPA LOCKA, FL 33054

**Current Mailing Address:**

2 S BISCAYNE BLVD.  
STE 1900  
MIAMI, FL 33131

**FEI Number:** 59-0979845

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BOLTON, BEATRIZ  
Address 4775 NW 132 STREET  
City-State-Zip: OPA LOCKA FL 33054

Title D  
Name DOSAL, MIRIAM  
Address 4775 NW 132 STREET  
City-State-Zip: OPA LOCKA FL 33054

Title CFO  
Name NADER, YOLANDA  
Address 4775 NW 132 STREET  
City-State-Zip: OPA LOCKA FL 33054

Title D  
Name DOSAL, MARGARITA  
Address 4775 NW 132 STREET  
City-State-Zip: OPA LOCKA FL 33054

Title PD  
Name DOSAL, GEORGE  
Address 4775 NW 132 STREET  
City-State-Zip: OPA LOCKA FL 33054

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** YOLANDA NADER

CFO

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date