

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000004528

Entity Name: TABACALERA USA INC.**Current Principal Place of Business:**5900 N ANDREWS AVE STE 600
FT LAUDERDALE, FL 33309-2354**Current Mailing Address:**5900 N ANDREWS AVE STE 600
FT LAUDERDALE, FL 33309-2354**FEI Number:** 30-0884509**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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 DIRECTOR, SECRETARY, CFO
Name COLL, PABLO
Address 5900 N ANDREWS AVE STE 600
City-State-Zip: FT LAUDERDALE FL 33309-2354

Title VP
Name WALTON, RHONDETTA
Address 5900 N ANDREWS AVE STE 600
City-State-Zip: FT LAUDERDALE FL 33309-2354

Title PRESIDENT, CEO
Name ESTADES SAEZ JOHANSSON, ANGEL
XAVIER
Address 5900 N ANDREWS AVE STE 600
City-State-Zip: FT LAUDERDALE FL 33309-2354

Title DIRECTOR, GENERAL COUNSEL, VP
Name LUKOSE, MILLIE
Address 5900 N ANDREWS AVE STE 600
City-State-Zip: FT LAUDERDALE FL 33309-2354

Title DIRECTOR
Name DOMINGUEZ, FERNANDO
Address 5900 N ANDREWS AVE STE 600
City-State-Zip: FT LAUDERDALE FL 33309-2354

Title VP HUMAN RESOURCES
Name WILLIAMS, JASON
Address 5900 N ANDREWS AVE STE 600
City-State-Zip: FT LAUDERDALE FL 33309-2354

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: PABLO COLL**SECRETARY****04/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date