

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 316734 (3)

1. Corporation Name

CABALLERO CIGAR CO INC



Principal Place of Business

2450 SW 137TH AVE
SUITE 221
MIAMI FL 33175
US

Mailing Address

2450 SW 137TH AVE STE. 221
2450 SW 137TH AVE. S-221
MIAMI FL 33175
US

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

CABALLERO, MARCIA B. E
2450 SW 137 AVENUE
SUITE 221
MIAMI FL 33175

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

12. OFFICERS AND DIRECTORS

TITLE	PST	[] DELETED
NAME	CUESTA, JOAQUIN JR.	
STREET ADDRESS	1149 S.W. 27TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		[] DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	[] Change [] Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	[] Change [] Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	[] Change [] Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	[] Change [] Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	[] Change [] Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	[] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 129.07(4)(b), 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 of this report or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

CR2E034 (12/95)