## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(3)

## **FILED** Apr 16 1998 8:00am Secretary of State

1. Corporation Name	34 ( <i>3)</i>			
CABALLERO CIGAR CO INC				
			I PARIOR THACH TID IN RICH TARRE HALL BIRL BIRL BIRL BIRL BIRL BIRL BIRL BI	161
				111
Principal Place of Business	Mailing Address		L LABSAN SLIGE FEBLU BYKLI EDDED ALLIN MEN MENN MENN MENN MENN MENN MENN MEN	(1)
2450 SW 137TH AVE	2450 SW 137TH AVE 3	STE. 221		
SUITE 221	2450 SW 137TH AVE.	S-221	DO NOT WRITE IN THIS COLOR	
MIAMI FL 33175 US	MIAMI FL 33175 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
03	US		05/15/1967	1
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied F	-01
21	26		26-4131145 Not Applie	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition	nal
22	27		Fee Required	
City & State	City & State		Election Campaign Financing \$5.00 May Be	e
23	28		Trust Fund Contribution Added to Fees	<u>:</u>
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	, [
24 25 9. Name and Address of Cu	rent Registered Agent	30	Personal Property Tax due June 30.   Yes No  No  No	
<del></del>	TOTAL TIOSISTOICA MOSTIC	81 Name	10. Name and Address of from Negletolog Agent	
Caballero, Marcia B. E 2450 <b>S</b> W 137 Avenue				
2450 644 137 AVENUE SUITE 221		82 Street Add	dress (P.O. Box Number is Not Acceptable)	Ì
MIAMI FL 33175		83		
MICHIEL GOTTO		-   -   -   -   -   -   -   -   -		
		84 City	FL 85 Zip Code	- 1
11. Pursuant to the provisions of Sections 607.	0502 and 607.1508, Florida Stat	utes, the above-named cor	rporation submits this statement for the purpose of changing its regist	iered
office of registered agent, or both, in the S agent. I am familier with, and accept the ol	tate of Fiorida. Such change was bligations of, Section 607.0505, I	s authorized by the corpora Florida Statutes.	rporation submits this statement for the purpose of changing its regist ation's board of directors. I hereby accept the appointment as register	rea
SIGNATURE	•			}
Signature, typed or printed name of registered	· · · · · · · · · · · · · · · · · · ·	OTE: Registered Agent signature requ		
	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST.	רון סנונוני	1.1 TITLE D 1.2 NAME C.	PST CHARGE AC	ddition
NAME CUESTA, JOAQUIN JR. STREET ADDRESS 1149 S.W. 27TH AVNEUE		1.3 STREET ADDRESS	2029 WEST FLAGLER STREET	
8.41.4.4.21 004		100	MAMI, FL 33135	}
CITY-ST-ZIP -MIAMI FL .	DELETE	1.4 CITY+ST-ZIP /V		ddition
NAME		22 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		)
CITY-\$T-ZIP		2. 4 CITY - ST - ZIP		
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STREET ADDRESS		3.3 STREET ADDRESS		Į
CITY-ST-ZIP	····	3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITEE	☐ Change ☐ Ad	Jaition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		į
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP	Change Ad	ddition
TITLE		5.1 TITLE	Li Change Lj Ad	ווטווטל
NAME OXDEST ADDRESS		5.2 NAME		ļ
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Ad	1dition
NAME	in beent	6.2 NAME	onenty الماريخ	
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	1	6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with his filling 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 supplied with 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 of the