PROFIT -CORPORATION ANNUAL REPORT . 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

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1. Corporation Name

JOSE L	PIEDRA CIGARS, INC.				1			•
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Principal Plac	ce of Business	Mailing Address				IIO IIOII IBDI OXUII	EIDII CHAIN BIRKI	
1566 W. FLAGI	LER STREET	1566 W. FLAGLER STREET						
	FL 33135-2118 MIAMI FL 33135-2118							
				DO NOT WRITE IN THIS SPACE			1	
	•				3. Date Incorporated or Quali	ifed		·
					06/18/1973		·	<u>:</u>
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number		.5—4	pplied For
21		26			59-2352356		<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d 🗆	•	Additional
City & Stat		City & State			<del>                                     </del>			equired
City & Stat	te .	⊢ ´			6. Election Campaign Financi	ing 🗆		May Be
Zip	Country	28	Country		Trust Fund Contribution			to Fees
24	25	_ <del></del>	¬ ′		This corporation owes the Personal Property Tax.	current year in	tangible XYes	□No
24	9. Name and Address of Curren	<u> </u>	<u> </u>		10. Name and Address of Ne	w Registered		
<del></del>		- regions	81	Name	Totalio dia padicos di la	, m mognotorea		
PAD	RON, JORGE L		<u>                                     </u>					
	5 N. VENETIAN WAY		82	Street Addr	ress (P.O. Box Number is Not Acc	eptable)		
MIAI	MI FL 33139		83				1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
						1 177 6 t	1. 1.	
•			84	City		FI	85 Zip	Code "
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508. Florida Statutes	the above	-named corp	poration submits this statement for	the purpose of	changing its	registered
office or r	registered agent, or both, in the State	of Florida, Such change was auti	and and but			cent the anno	intment as re	nictored
agent Le	m familiar with and accept the obligat	tions of Costion 607 AFOE Florid	onzeu by	the corporation	on's board of directors. I hereby a	ccopt and appo	antinent as it	giatorou
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statutes.	the corporation	on's board of directors. I hereby a	ocopi ala appo	annen as ie	giatored
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14. I hereby certify that the information supplied with this 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 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.