

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 503793 (2)

1. Corporation Name:
HARRIELS TOBAC, INC.

Principal Place of Business Mailing Address
11401 S DIXIE HWY. 11401 S. DIXIE HWY.
DADELAND SHOPPING CENTER DADELAND SHOPPING CENTER
MIAMI FL 33156 MIAMI FL 33156
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/21/1976 3a. Date of Last Report 04/07/1994
4. FEI Number 59-1681800 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 11401 S. DIXIE HIGHWAY 26 11401 S. DIXIE HIGHWAY
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
23 MIAMI FLORIDA 20 MIAMI FLORIDA
Zip Country Zip Country
24 33156 25 DADE 29 33156 30 DADE

9. Name and Address of Current Registered Agent
KLEIN, HAROLD
11401 S. DIXIE HWY.
DADELAND SHOPPING CENTER
MIAMI FL 33156

10. Name and Address of New Registered Agent
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 607.1508, 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 _____ (NOTE: Responsible Agent for other registered agent's filing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	KLEIN, MURIEL
STREET ADDRESS	13255 SW 97TH TERR
CITY ST ZIP	MIAMI, FL 00000
TITLE	PD
NAME	KLEIN, HAROLD
STREET ADDRESS	13255 SW 97TH TERR
CITY ST ZIP	MIAMI, FL 00000
TITLE	VD
NAME	KLEIN, SPENCER
STREET ADDRESS	7221 SW 132ND AVE.
CITY ST ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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 119.07(9)(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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Muriel Klein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-95 305 252 9010
DATE SIGNATURE #