

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra R. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **522832** (5)

1. Corporation Name  
**MARIBEL CIGARS, INC.**



Principal Place of Business: **1313 PONCE DE LEON BLVD #201 STE. 300 CORAL GABLES FL 33134 US**  
Mailing Address: **1313 PONCE DE LEON BLVD #201 STE. 300 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **01/07/1977**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **59-1754874**  
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**MARTINEZ, BENITO P.  
3087 S.W. 18TH ST.  
MIAMI FL 33125**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, BENITO	
STREET ADDRESS	3067 S.W. 18TH ST.	
CITY, ST, ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARCIA, MODESTO	
STREET ADDRESS	3065 S.W. 18TH ST.	
CITY, ST, ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARCIA, MARILSA	
STREET ADDRESS	3065 S.W. 18TH ST.	
CITY, ST, ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEREZ, MARIBEL	
STREET ADDRESS	3067 S.W. 18TH ST.	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
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 in this report is voluntarily furnished and does not qualify for the exception stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicates to the best of my knowledge and belief that the information is true and correct 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 manager or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable. I understand the consequences.

SIGNATURE: *Marilsa Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARILSA GARCIA SD**

3/22/96

CR2E034 (12/95)