

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

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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90118 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000004392**

Corporation Name
PARIBE TOBACCO LTD., INC.

Principal Place of Business
 SW 74TH AVE
 FL 33100

Mailing Address
 4744 SW 74TH AVE
 MIAMI FL 33100



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1996	
26		27		4. FEI Number 65-0692265	
Suite, Apt. #, etc.		City & State		Applied For Not Applicable	
28		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

In accordance with 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 agent 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	PRUNA, ANDRES 13876 SW 56TH STREET SUITE 180 MIAMI FL 33175	<input type="checkbox"/> DELETE	1.1 TITLE
SD	HAYES, PATRICIA 5318 EAST 2ND STREET SUITE 217 LONG BEACH CA 90803	<input type="checkbox"/> DELETE	1.2 NAME
			1.3 STREET ADDRESS
			1.4 CITY-ST-ZIP
			2.1 TITLE
			2.2 NAME
			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
			3.1 TITLE
			3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
			4.1 TITLE
			4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
			5.1 TITLE
			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **PRESIDENT** 02/01/99 305-262-8820
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)