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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000005484 (8)**

1. Corporation Name
DIVERSIFIED TOBACCO COMPANY

Principal Place of Business	Mailing Address
2600 SW 3RD AVE. 1ST FLOOR MIAMI FL 33129	2600 SW 3RD AVE. 1ST FLOOR MIAMI FL 33129-2343

3. Date Incorporated or Qualified: 10/22/1996
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: APPLIED FOR 65-0701628 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CP~~	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~SHAFIR, ABRAHAM~~		1.2 NAME		
STREET ADDRESS	~~2205 MERIDIAN AVE~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI BEACH FL 33139~~		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KNUDSON, THOMAS		2.2 NAME		
STREET ADDRESS	511 LEADVILLE AVE N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	KETCHUM ID 83340		2.4 CITY-ST-ZIP		
TITLE	~~SD~~ PRESIDENT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARKOFSKY, ANTHONY		3.2 NAME		
STREET ADDRESS	1105 PIN OAK ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOTTBETTER, ADAM S		4.2 NAME		
STREET ADDRESS	630 THIRD AVE, 23RD FL		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		4.4 CITY-ST-ZIP		
TITLE	PEDRO J. MIRONES VICEPRES	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	2600 SW 3RD AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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.

SIGNATURE: [signature] 5-23-97 305 662 9882