

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G76808 (6)
1. Corporation Name
LUIS MARTINEZ CIGAR COMPANY



Principal Place of Business: **2701 16TH STREET TAMPA FL 33605**
Mailing Address: **2701 16TH STREET TAMPA FL 33605**

3. Date Incorporated or Qualified: **01/01/1984**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-2415830**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

9. Name and Address of Current Registered Agent
**NEWMAN, STANFORD J.
2701-16TH STREET
TAMPA FL 33605**

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 **FL**

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: _____ DATE: _____
(Signature of Registered Agent required when reappointing)

12. OFFICERS AND DIRECTORS
11.1 TITLE: DELETE
11.2 NAME: **CD NEWMAN, STANFORD J.**
11.3 STREET ADDRESS: **3102 BEACH DRIVE TAMPA FL**
11.4 CITY-ST-ZIP
11.5 TITLE: DELETE
11.6 NAME: **VD NEWMAN, ROBERT C.**
11.7 STREET ADDRESS: **2901 JULIA #D TAMPA FL**
11.8 CITY-ST-ZIP
11.9 TITLE: DELETE
11.10 NAME: **PD NEWMAN, ERIC M.**
11.11 STREET ADDRESS: **401 ROYAL POINCIANA DR. TAMPA FL**
11.12 CITY-ST-ZIP
11.13 TITLE: DELETE
11.14 NAME: **TS PURVIS, ROBERT E.**
11.15 STREET ADDRESS: **2701-16TH STREET TAMPA FL**
11.16 CITY-ST-ZIP
11.17 TITLE: DELETE
11.18 NAME:
11.19 STREET ADDRESS:
11.20 CITY-ST-ZIP
11.21 TITLE: DELETE
11.22 NAME:
11.23 STREET ADDRESS:
11.24 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE: Change Addition
12.2 NAME:
12.3 STREET ADDRESS:
12.4 CITY-ST-ZIP
12.5 TITLE: Change Addition
12.6 NAME:
12.7 STREET ADDRESS:
12.8 CITY-ST-ZIP
12.9 TITLE: Change Addition
12.10 NAME: **4232 MARINA CT. CORTEZ, FL 34215**
12.11 STREET ADDRESS:
12.12 CITY-ST-ZIP
12.13 TITLE: Change Addition
12.14 NAME:
12.15 STREET ADDRESS:
12.16 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(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 8132482124
Date Date Filed

CR2E034 (12/95)