## F!LE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

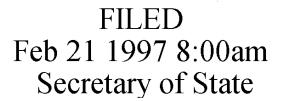
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

G76808

(6)

**LUIS MARTINEZ CIGAR COMPANY** 





Principal Place of Business		Mailing Address			1 talbrill dett tette kåtet tåttt entet fått åren dillt dien erett eten enett		
			TH STREET FL 33605-2616				
					3. Date Incorporated or Qualified 01/01/1984	3a. Date of Last 01/26/1990	
2. Principat I	Place of Business	2a. Mailing Address	······································		4. FEI Number		Applied For
26				59-2415830		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.0	May Be
28					Trust Fund Contribution   Added to Fees		
Zip	Country	Zip	Countr	у	8. This corporation has liability for		r s. 199.032,
ı]	25	29	30			Yes No	
	9. Name and Address of Curre	ent Registered Agent		·	10. Name and Address of New Re	gistered Agent	
NE	WMAN, STANFORD J.		) B	Name			
2701-16TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33605					Andread I. C. Dan Individual to Hol Newspaperson		
.,,,			8	3			
			84	City		les 7	p Code
			64	City		FL  85   Zi	h cone
SIGNATURE	Signature, typed or printed name of registered a			gent signature requ	ured when reinstating)	DATE DIDEOX	200 1140
2.		ND DIRECTORS  DELETE	13.	·····	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
ITLE	CD	☐ DECEIE				<b>U</b> E⊒ Unang	e LJ AQQIU
ame	NEWMAN, STANFORD J.		1.2 NAME	:	3435 BAYSHORE	# SOO NOR	TL.
TREET ADORESS					3432 01140 010		
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STREET ADORESS				ET ADDRESS			
CITY - ST - ZIP			6.4 CITY				

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 angular 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 trustee emptywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE: