

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

CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

95-99 AR

FILED

99 JUL 13 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 95-99

DOCUMENT #17252 (8)

1. Corporation Name

PHILIP MORRIS LATIN AMERICA SALES CORP.
MORRIS

Principal Place of Business

Mailing Address

800 WESTCHESTER AVENUE
RYE BROOK NY 10573

800 WESTCHESTER AVENUE
RYE BROOK NY 10573

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

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

Signature typed or printed name of registered agent and title if applicable

Connie Boyan, Special Asst. Sec.

7-15-99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASD
ADAMS, MICHAEL B
800 WESTCHESTER AVE.
RYE BROOK NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHREER, PETER
800 WESTCHESTER AVE
RYE BROOK NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
POLLAK, LEE
800 WESTCHESTER AVE
RYE BROOK NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SMITH, OWEN C.
800 WESTCHESTER AVE.
RYE BROOK, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FITZSIMMONS, SHARON
800 WESTCHESTER AVE.
RYE BROOK NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
SCALLY, MICHAEL P.
800 WESTCHESTER AVE.
RYE BROOK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Michael B. Adams, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael B. Adams

914-335-5000

Daytime Phone #