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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000032988 (6) DOCUMENT #

NORTH ATLANTIC TRADING CORP.



Principal Place	of Business	Mailing Address	Mailing Address				T 100 LIEGH 410 10100 14111 6011L 4541, 00114 00LAY 41116 51010 10115 10116 1011			
3500 NW 79TH AVE MIAMI FL 33122		3500 NW 79TH AVE MIAMI FL 33122								
							3. Date Incorporated or Qualified 05/05/1993	3a. Date	of Last 05/01	
2. Principal Pla	ce of Business	2a. Mailing Address	<u>├</u> ─-1				4. FET Number Applied For			Applied For
Suite, Apt. #	elc		[26]				65-0413278 Not Applicable			
22		Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required
City & State		City & State	Oty & State				6. Election Campaign Financing \$5.00 May Be			
23		28	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country				8. This corporation has liability for in		x under	s 199.032,
24	25 9. Name and Address of Curr	29	30				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	5. Name and Address of Coll	ent negistered Agent	·····	81	Na		10. Name and Address of New Ro	egistered	Agent	
1 GONZA	NLEZ, ALFREDO L			ا'`						
	BAYSHORE DR			82	Str	eet Addres	s (P.O. Box Number is Not Acceptabl	θ)		
SUITE				В3						·
MIAMI	FL 33133		1	84	City	/			85	Zip Code
11 Pursuant to	the provisions of Sections 607.05	00 and 602 4500 fte-24- Dec	1		L			FL		<i>'</i>
				ve-n orpo	iame: oratic	d corporat in's board	ion submits this statement for the purp of directors. I hereby accept the appo	iose of cha	anging its	registered office
real Fines Tyres	, and accept the obligations of, Se	ction 607.0505, Florida Statutes	3.				у шет-рууна арро	ii ki ii o k oo	regiotore	o bgont. Fan
SIGNATURE	lynature, typed or printed hame of registered ag	ext and little if and selection) t Registered.							
12.		ND DIRECTORS	13.	Agen	: signa:	ure required w		DATE	Faithfield	
TITLE	PSD	DELETE		1 1 10/16		т	ADDITIONS/CHANGES TO OFFICE		Change	
NAME	AVINO, ERNESTO S		12 NAM					L	Una ige	☐ Add tion
STREET AUDRESS	3500 NW 79 AVE				Anner	90				
CITY-ST-ZIP	MIAMI FL 33122			1.3 STREET ADDRESS 1.4 O/TY-ST-ZIP		3.3				
TITLE	VTO DELETE			2 1 TITLE				<u></u>	☐ Change	Addition
NAME	GUTIERREZ, MIGUEL		22 NA	2 2 NAME				_		L] Addition
STREET ADDRESS	3500 NW 79 AVE		23516	REET I	ADURE	ss				
CITY-ST-ZIP	MIAMI FL 33122		2.4 CITY- \$1-2							
TITLE		☐ DELET£		3. 1 TILLE				Г	Change	Addition
NAME			3 2 NAI	ME				-		
STREET ADDRESS			3.3. S1	REET	ADDRE	SS	نسر رسمان الها المسار وسمع والمعو والمسا			
CITY-ST-ZIP			3 4 CIT	Y-ST	(- ZIP]	70000182		ት ሰገ ነር	
TITLE	DELETE			4. 1 THLE			-05/14/96011	176	Change	Addition
NAME			4.2 NAI	ME			***200.00			ļ
STREET ADDRESS			4.3 S1F	REET A	ADDRE:	SS				
CITY - ST - ZIP			4.4 011	Y-SI	i-21P					
TITLE		DELETE	5 1111	LΕ			1	Ĺ] Change	Addition
NAME			5.2 NAM	ΨE			K-1	119	6	
STREET ADDRESS			5 3 STF	EE1 A	ADDRE!	SS	^ (, , ,	r	
CITY-ST-ZIP TITLE		FI DE ET	5.4 CIT		- 2IP					<u> </u>
		☐ DECETE	6 1 TIT					Ξ] Change	☐ Addition
NAME CTREET ADDRESS			6.2 NAN							
STREET ADDRESS			63 STR			SS				
14. Ldo hereby	certify that the information supplier	Lwith this films is volustorily 6 m	6401				the exemption stated in Section 119.0			

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 direction of the corporation or the eceiver or fystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 try sanged or or an attachment with an address.

SIGNATURE: