## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032988 (6)

**FILED** Mar 04 1998 8:00am Secretary of State

NORTH ATLANTIC TRADING CORP.				1 14541444 118 14188 11111 88111 88111 88111 88111 88111 88111	10 LULE 110 B 16 B1 16 B1 16 B1 16 B1 1
Principal Plac	ce of Business	Mailing Address		- I KODIRODI HIN IDADA (INII BBIIN DDINI DDINI BDID	
3500 NW 7	PITH AVE	3500 NW 79TH AVE			
MIAMI FL 33122		MIAMI FL 33122			
1				DO NOT WRITE IN THI	S SPACE
1				3. Date Incorporated or Qualified	
2 Principal P	Place of Business	2a. Mailing Address		05/05/1993 4. FEI Number	
21	Tace of Dusiness	26. Walling Address			Applied For
Suite, Apt.	#. elc.	Suite, Apt. #, etc.		65-0413278	Not Applicable \$8.75 Additional
22		27		<b>5.</b> Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
	BONZALEZ, ALFREDO L		81 Name		
2601 S BAYSHORE DR			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	SUITE 1600			<u> </u>	··
ļ N	/IAMI FL 33133		83		
			84 City		85 Zip Code
				FI	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stati	02 and 607.1508, Florida Statutes e of Florida. Such change was au	s, the above-named corp thorized by the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
agent I a	ım f <b>a</b> miliar with, and accept the obliq	gations of, Section 607. <mark>0505, Flo</mark> ri	da Statutes.	,,	, partition, du regional
SIGNATURE	01				
12.	Signature, typed or printed name of registered ac	ND DIRECTORS (NOTE:	Registered Agent signature require	ed when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 48
TITLE	PSD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	AVINO, ERNESTO S		1.2 NAME		
STREET ADDRESS	3500 NW 79 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY-ST-ZIP		
TITLE	VTD	DELETE	2.1 TITLE		Change Addition
NAME	GUTIERREZ, MIGUEL	<del></del>	2.2 NAME		
STREET ADDRESS	3500 NW 79 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		2. 4 CITY-ST-ZIP	the Car	
TITLE		DELETÉ	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELET€	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	l		4.3 STREET ADDRESS		
CITY-ST-ZIP	_		4.4 CITY - ST - ZIP		
TITLE	- · <del>-</del>	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

14. Thereby 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 roport or supplemental annual roport 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 trustop empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or in an attachment within address