

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053751 (2)

1. Corporation Name

SIBONEY HUMIDORS INC.

Principal Place of Business

14298 SW 142 AVE
MIAMI FL 33186
US

Mailing Address

PO BOX 14-1603
CORAL GABLES FL 33114-1603
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

65-0440361

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, HOSEY
2701 S BAYSHORE DR #602
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 date of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HERRERA, JOHN
STREET ADDRESS	1600 NW 42ND AVE #18
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	SECRETARY
NAME	ANOUK MARTINEZ
STREET ADDRESS	1600 LE JEUVE RD. C. 6
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Herrera John	☒ Change ☐ Addition
2. NAME	1600 Le Jouve Rd #18	PRESIDENT
3. STREET ADDRESS	Coral Gables, FL 33134	
4. CITY - ST - ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS	CORAL GABLES FL	33134
34. CITY - ST - ZIP		
41. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. 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 110.07(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, typed or printed name of signing officer or director

4-26-95

305-2549446

Date

Telephone Area #