

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000053751 (2)

1. Corporation Name
SIBONEY HUMIDORS INC.

Principal Place of Business

14200 SW 142 AVE
MIAMI FL 33186
US

Mailing Address

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

FILED

97 OCT 24 PM 2: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4706 SW 74th AVE
Suite, Apt. #, etc.

22 City & State
23 Miami, FL

24 Zip 33155-4117 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

06/06/1996

4. FEI Number

65-0440361

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ 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]

Printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HERRERA, JOHN
STREET ADDRESS 1800 LE JEUNE RD #18
CITY-ST-ZIP CORAL GABLES FL

TITLE S ☐ DELETE

NAME MARTINEZ, ANOUK
STREET ADDRESS 1800 LE JEUNE RD
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME HERRERA, JOHN

1.3 STREET ADDRESS 430 CANDIA AVE

1.4 CITY-ST-ZIP CORAL GABLES, FL 33134-7152

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME MARTINEZ, ANOUK

2.3 STREET ADDRESS 430 CANDIA AVE

2.4 CITY-ST-ZIP CORAL GABLES, FL 33134-7152

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

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 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 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
appears in Block 12 or Block 13 is the name 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 is the name of the registered agent or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

[Signature]

CR2E034 (4/97)