FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:15

DOCUMENT # **P94000049122 (2)**

1. Corporation Name
SABOR HAVANA CIGARS, INC.

Principal Place of Business	Mailing Address
PO BOX 831722 MIAMI FL 33283-1722	PO BOX 831722 MIAMI FL 33283-1722

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 65-0511781	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

FERRO, SIMON
6161 BLUE LAGOON DR
SUITE 250
MIAMI FL 33126

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: (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	VALDEZ, JORGE L	12 NAME	Jorge Luis Valdes	
STREET ADDRESS	% PO BOX 831722 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33283-1722	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE	DV	☒ Change ☐ Addition
NAME	VALDEZ, MARIBEL	22 NAME	Maribel Valdes	
STREET ADDRESS	% PO BOX 831722 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33283-1722	24 CITY-ST-ZIP		
TITLE	DST	31 TITLE	DST	☒ Change ☐ Addition
NAME	VALDEZ, ALMA E	32 NAME	Alma E. Valdes	
STREET ADDRESS	% PO BOX 831722 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33283-1722	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: [signature] 2/15/95 305-332-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number 305-464-7985

0432410 FP