

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Shirley B. Mumford
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027900 (6)

1. Corporation Name

CUBAN CIGAR COMPANY, INC.

Principal Place of Business

**9737 NW 41ST STREET, SUITE 308
MIAMI FL 33178**

Mailng Address

**9737 NW 41ST STREET, SUITE 308
MIAMI FL 33178**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**SUAREZ, JOSE
9737 NW 41ST STREET, SUITE 308
MIAMI FL 33178**

3. Date Incorporated or Qualified

04/05/1995

3a. Date of Last Report

4. FEE Number

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 has liability for intangible tax under s. 193.032,
Florida Statutes. ☐ Yes ☒ No

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 607.01 and 607.02, 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 the officer or director, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DIRECTOR
NAME **D SUAREZ, JOSE**
STREET ADDRESS **9737 NW 41ST STREET, SUITE 308**
CITY, ST, ZIP **MIAMI FL 33178**

2. TITLE ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE ☐ DIRECTOR

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. NAME

2. NAME

3. NAME

4. NAME

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**000001758996
03/27/96 - 01007 - 081
\$4700.00**

3/18/96 5923064

CR2E034 (12/95)

3-26-1996