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May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000068903 (0)

1. Corporation Name
CARIBBEAN CIGAR COMPANY



Principal Place of Business

6265 SW EIGHTH STREET
MIAMI FL 33144

Mailing Address

6265 SW EIGHTH STREET
MIAMI FL 33144-4845

3. Date Incorporated or Qualified 09/07/1995	3a. Date of Last Report 03/18/1996
4. FEI Number 65-0613303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DILK, THOMAS R
6265 SW EIGHTH STREET
MIAMI FL 33144

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 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	P	1.1 TITLE	ERIK KA PRESIDENT
NAME	DOYLE, KEVIN	1.2 NAME	KEVIN DOYLE
STREET ADDRESS	103400 U S ROUTE 1	1.3 STREET ADDRESS	6265 SW 8TH ST
CITY-ST-ZIP	KEY LARGO FL 33486	1.4 CITY-ST-ZIP	MIAMI FL 33144
TITLE	VSTD	2.1 TITLE	SECRETARY
NAME	RISLEY, MICHAEL	2.2 NAME	ERIC KAMISHER
STREET ADDRESS	6V65 SW 8TH ST.	2.3 STREET ADDRESS	6265 SW 8TH ST
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP	MIAMI FL 33144
TITLE	V	3.1 TITLE	CFO
NAME	DILK, THOMAS	3.2 NAME	THOMAS DILK
STREET ADDRESS	6V65 SW 8TH ST.	3.3 STREET ADDRESS	6265 SW 8TH ST
CITY-ST-ZIP	MIAMI FL 33144	3.4 CITY-ST-ZIP	MIAMI FL 33144
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 attached address.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0200400

CR2E034 (9/96)