

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000001410 (5)

1. Corporation Name  
HAVANA GUINES AGENCY, CORP.

Principal Place of Business 321 PALM AVE. HIALEAH FL 33010 US	Mailing Address 321 PALM AVE. HIALEAH FL 33010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 321 PALM AVENUE Suite, Apt. #, etc. 22 City & State 23 HIALEAH, FLA. Zip 24 33010 Country 25 US	2a. Mailing Address 26 4315 N.W. 7th STREET Suite, Apt. #, etc. 27 SUITE-41 City & State 28 MIAMI, FLORIDA Zip 29 33126 Country 30 US	3. Date Incorporated or Qualified 01/05/1996 4. FEI Number 65-0679937 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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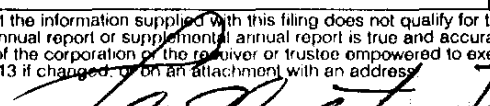
9. Name and Address of Current Registered Agent PRATS, GABRIEL 151 MAYORCA AVE. SUITE C CORAL SPRINGS FL 33134	10. Name and Address of New Registered Agent 81 Name RAUL MARTIN, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 4315 N.W. 7th STREET, SUITE 41 83 84 City MIAMI 85 Zip Code FL 33126
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0501, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRABAL, JORGE	1.2 NAME	
STREET ADDRESS	51 WEST 4 STREET #2	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, PEDRO	2.2 NAME	
STREET ADDRESS	7225 NW 25 STREET #305	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUL, MARTIN	3.2 NAME	
STREET ADDRESS	5226 NW 7 STREET, B-204	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 attachment with an address.

SIGNATURE:  4/17/98 (305) 447-1737

CR2E034 (10/97)