

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 22 1997 8:00 am  
Secretary of State

DOCUMENT # **P 96000009497**  
1. Corporation Name  
**Phoenix Cigar Corporation**

Principal Place of Business Mailing Address  
**15720 S.W. 72nd St. Suite 180**  
**Miami, FL 33193**

3. Date Incorporated or Qualified <b>Jan 30, 1996</b>	3a. Date of Last Report <b>n/a</b>
4. FEI Number <b>650637254</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. Suite 180
23. Zip	28. City & State
24. Country	29. Miami, FL
25. Zip	30. 33193
26. Country	31. Dade

9. Name and Address of Current Registered Agent  
**Law Firm of Lawrence J. Spiegel,**  
**Chartered dba AmeriLawyer**  
**343 Almeria Avenue**  
**Coral Gables, Florida 33134**

10. Name and Address of New Registered Agent	
81. Name	<b>Jorge A. Picos</b> No Change
82. Street Address (P.O. Box Number is Not Acceptable)	<b>15720 S.W. 72nd St.</b>
83. Suite, Apt. #, etc.	<b>Suite 180</b>
84. City & State	<b>FL 33193</b>

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 \_\_\_\_\_ (Type or print 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	<b>President</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Francisco A. Alonso</b>	1.2 NAME	
STREET ADDRESS	<b>15720 SW 72nd St. Suite 180</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>Miami, FL 33193</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>Vice President</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jorge J. Picos</b>	2.2 NAME	
STREET ADDRESS	<b>same as above</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<b>Secretary</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Georgina M. Picos-Alonso</b>	3.2 NAME	
STREET ADDRESS	<b>same as above</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<b>Treasurer</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Miguel Rodriguez</b>	4.2 NAME	
STREET ADDRESS	<b>same as above</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 is stated 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: **Francisco Alonso** 4-16-97 382-4427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Francisco A. Alonso**

CR2E034 (9/96)