SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIES

## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 27, 2000 8:00 am Secretary of State DOCUMENT # P96000028160 1. Entity Name THE CIGAR CONNECTION, INC. 03-27-2000 90077 031 \*\*\*150.00 Mailing Address Principal Place of Business ≠: 3022 **N**N 79 Ave. 79.Ave. Miami, IL 33132 ---Miami, -FL 33132 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0658147 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent linda G. M. Cloughlin DARIAS, BARBARA Street Address (P.O. Box Number is Not Acceptable) 2500 N.W. 79TH AVENUE MIAMI FL 33122 Zip Code 8. The above named extity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. MARCH 6, QOOO SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back); П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 のFICERS AND DIRECTORS 11. 12. DI CHIEF EXECUTIVE OFFICE Delete TITLE DIRECTOR, ☐ Change Addition TITI F ED 5. TORGAS ABOD NW 19 AURNUE ALVAREZ, JOSE M NAME NAME STREET ADDRESS STREET ADDRESS 2500 NW 79TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 MIAMI FL *3.*3/22. ☐ Change Addition Delete TITLE **DTAS** SECRETARY TITLE CARLOS A PadRON NAME FERNANDEZ, SERGIO R STREET ADDRESS STREET ADDRESS 2500 NW 79 AVE-2500 NW 19 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAM), FL 33/22 MIAMI-FL 33122-UICE PRESIDENT ☐ Change Addition Addition Delete TITLE TITLE Altest R. MARTINEZ MARTINEZ RENE-NAME NAME STREET ADDRESS REOD NW 19 AVENUE STREET ADDRESS 2500 NW 79TH AVE-CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL 33122-MAMI FI 33122 DY PRESIDENT, CHIEF OF ERATING Change ☐ Addition ☐ Delete TITLE TITLE PEREZ. ROSARIO NAME NAME STREET ADDRESS STREET ADDRESS 2500 NW 79TH AVE CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33122 Change DVP ☐ Delete TITLE Addition TITLE ALVAREZ, DAVID M. NAME NAME STREET ADDRESS STREET ADDRESS 2500 NW 79TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #