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Jun 17 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 # P96000030603 (0)

1. Corporation Name  
S & T CIGARS, INC.



Principal Place of Business  
801 PONCE DE LEON BLVD #701  
CORAL GABLES FL 33134

Mailing Address  
901 PONCE DE LEON BLVD #701  
CORAL GABLES FL 33134-3073

3. Date Incorporated or Qualified 04/01/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 1501 VENERA AVE  
Suite, Apt. #, etc.  
22 SUITE 300  
City & State  
23 CORAL GABLES FL  
Zip  
24 33146  
Country  
25  
2a. Mailing Address  
26 1501 VENERA AVE  
Suite, Apt. #, etc.  
27 SUITE 300  
City & State  
28 FLORIDA CORAL GABLES  
Zip  
29 33146  
Country  
30

4. FEI Number 05-0065138  
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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
ROBINSON, RAYMOND L  
901 PONCE DE LEON BLVD #701  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
81 Name Raymond L. ROBINSON ESQ.  
82 Street Address (P.O. Box Number is Not Acceptable) 1501 Venera Ave.  
83 Suite 300  
84 City Coral Gables FL 85 Zip Code 33146

11. Pursuant to the provisions of Sections 607.0503 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] DATE 4-25-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1. DST  
MODIST, SCOTT J  
1423 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134  
DELETE  
2. DP  
CALABRASE, THOMAS  
350 NE 129TH ST  
NORTH MIAMI FL 33161  
DELETE  
3. DELETE  
4. DELETE  
5. DELETE  
6. DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 attachment with an address.

CR2E034 (9/96)