Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90099 044 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067888

1. Corporation MIAMI T	OBACCO IMPORT & EXPO	ORT, INC.				 	į
		14 W 11					I
Principal Place of Business Mailing Address 2023 SW 58TH COURT 2023 SW 58TH COURT							
2023 SW 58TH COURT 2023 SW 58TH COURT MIAMI FL 33155 MIAMI FL 33155						,	
						DO NOT WRITE IN THIS SPACE	_
						3. Date incorporated or Qualifed 08/13/1996	- (
2. Principal P	face of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
26					65-0693434 Not Applicable)	
Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional	
27						Fee Required	\dashv
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Coun				-
	25	29	30	,u y		8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
24	9. Name and Address of Curre		[30]			10. Name and Address of New Registered Agent	
				81	Name		٦
RUIZ-CALDERON, ADALBERTO			-	SS Street Add		ess (P.O. Box Number is Not Acceptable)	ᆛ
2023 SW 58TH COURT				82 Street Addr		ass (P.O. Box Number is Not Acceptable)	ŀ
MIAMI FL 33155				83			
			1	84	Cit.	85 Zip Code	
				54	City	FL S Z D COUR	- 1
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	by th	-named corpo he corporation	oration submits this statement for the purpose of changing its registered or's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ag	jent 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	\exists
TITLE	PD	☐ DELETE	11 ΤΙΤΙ	Æ		☐ Change ☐ Addition	ın
NAME	MIAMI FL 33155		1.2 NAM	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			1
STREET ADDRESS			1.3 STF				ł
CITY-ST-ZIP			1.4 CIT				_
TITLE	SD	☐ DELETE	2.1 ΤΙΤΙ	.E		☐ Change ☐ Addition	ın
NAME	RUIZ-CALDERON, MAGALY		2.2 NAM	Æ			
STREET ADDRESS	2023 SW 58TH COURT		2.3 STF	₹EET Α	ADDRESS	· · ·	
CITY-ST-ZIP	MIAMI FL 33155		2. 4 CIT		-ZIP		4
TITLE				3.1 TITLE		. Change Addition	,IFI
NAME			3.2 NA				
STREET ADDRESS	ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		□ perexe		3.4. CITY-ST-ZIP		☐ Change ☐ Addition	_
TITLE	l l			4.1 TITLE		Change Addition	""]
NAME	+		4. 2 NA				
STREET ADDRESS			•		ADDRESS		1
CITY-ST-ZIP	DELETÉ			4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	$\frac{1}{n}$
TITLE	☐ DELEIS			5.1 IIILE 5.2 NAME			
NAME					ADDRESS		ļ
STREET ADDRESS			5.4 CIT				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL		**	☐ Change ☐ Addition	п
NAME			6.2 NA	ME	Ì		1
OTDEET ADDRESS					ADDRESS		

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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on ay attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #