FILE NOW: FILING FEE AFTER MAY 1 IS-\$550:00				APPROVED AND
PROFIT' CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS		FILED  AM997 007 27 PN 4: 20
DOCUMENT #P9600073295				SECRETARY OF STATE TALLAHASSEE. FLORIDA
Cigar Depot, Inc.				
Principal Place of Business Mailing Address Same				
1536 South Dixie Highway Coral Gables, Fl. 33146				Date Incorporated or Qualified     3a. Date of Last Report
2. Principal Place of Business 28. Mailing Address			<u></u>	8 30 96 5/3/97 4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc.	·	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25 Name and Address of Current	Zip	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent
Mario J. Aquilar  7315 Sw 45 St. #4  Miami, Fl. 33155  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 agent. I am familiar with, and accept the obligations of sections 607.0505, Florida Statutes  12. 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. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes  13. Name  (2. Street Address (P.O. Box Number is Not Acceptabled)  (3. Street Address (P.O. Box Number is Not Acceptabled)  (4. Street Address (P.O. Box Number is Not Acceptabled)  (5. Supplied Statutes)  (6. Street Address (P.O. Box Number is Not Acceptabled)  (6. Street Address (P.O. Bo				
agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature: typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when				10/23/97
12.	OFFICERS AND		13. 1.1 TOLE	ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12
NAME STREET ADDRESS	resillent Planot, Acquile	٠	1.2 NAME	Ramon J. Granja
CITY-ST-ZIP	315 SW 458 Nigmi Fl. 33	135	1.3 STREET ADORESS 1.4 CITY-S1-ZIP	Coral Gables FL 33146
	ines s. Aguilai	DELETE	2.1 TITLE 2.2 NAME	Nancy M. Granza
	315 8W 45 51 Miami, #1 33	•	2.3 STREET ADORESS 2.4 City - St - ZiP	Nancy M. Granja 1536 South Dixie Highway Goral Gables, FL 33146
TITLE	<u></u>	☐ DELETE	3.1 1(1) (	Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS	5000023331858 -10/29/9701116014
CITY-ST-ZI	<u></u>	☐ DELETÉ	3.4. City-St-ZIP 4.1 Title	******70.00 *******70.00 Change
NAME			4 2 NAME	
STREET ADDRESS CITY - ST - ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	2
CITY-ST-ZIP			5.4 CITY- ST- 71P	
TITLE NAME		[_] DELETE	6.2 NAME	Challes (Milition
STREET ADDRESS			6.3 STREET ADDRESS	(0)
CITY-ST-ZIP	ify that the information cumplied	with this filipp done not qualify	64 CITY-S1-ZIP	ated in Section 119 07/3/fi) Florida Statutos Liturbos continuitos tipo
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.				
SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR)  President 10/23/97 805/665-0102				

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