


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

APPROVED
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Amended
1997 OCT 27 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *996000073295*

1. Corporation Name
Cigar Depot, Inc.

Principal Place of Business Mailing Address *Same*

*1536 South Dixie Highway
Coral Gables, Fl. 33146*

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <i>8/30/96</i>	3a. Date of Last Report <i>5/2/97</i>
4. FEI Number <i>65-0696946</i>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

*Mario J. Aguilar
7315 SW 45 St. #4
Miami, Fl. 33155*

10. Name and Address of New Registered Agent

81 Name <i>Ramon J. Granja</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>1536 South Dixie Highway</i>
83
84 City <i>Coral Gables, FL</i>
85 Zip Code <i>33146</i>

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 *[Signature]* **President** *10/23/97* DATE

12. OFFICERS AND DIRECTORS

TITLE	<i>President P</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Mario J. Aguilar</i>	
STREET ADDRESS	<i>7315 SW 45 St. #4</i>	
CITY-ST-ZIP	<i>Miami, Fl. 33155</i>	
TITLE	<i>Secretary S.</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Ines S. Aguilar</i>	
STREET ADDRESS	<i>7315 SW 45 St. #4</i>	
CITY-ST-ZIP	<i>Miami, Fl. 33155</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>P</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Ramon J. Granja</i>	
1.3 STREET ADDRESS	<i>1536 South Dixie Highway</i>	
1.4 CITY-ST-ZIP	<i>Coral Gables, FL 33146</i>	
2.1 TITLE	<i>S</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>Nancy M. Granja</i>	
2.3 STREET ADDRESS	<i>1536 South Dixie Highway</i>	
2.4 CITY-ST-ZIP	<i>Coral Gables, FL 33146</i>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>500002333185--8</i>	
3.3 STREET ADDRESS	<i>-10/29/97--01116--014</i>	
3.4 CITY-ST-ZIP	<i>*****70.00 *****70.00</i>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* **President** *10/23/97* *(805) 665-0102*

CR2E034 (9/96)