
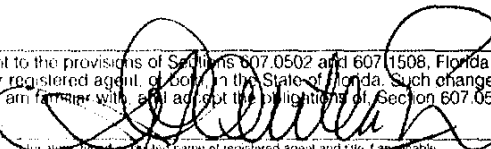
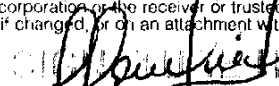


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

97 MAY -1 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000079541 (4) 1. Corporation Name ALL AROUND CIGARS, INC.			
Principal Place of Business 820 E. 37TH ST. HIALEAH FL 33172		Mailing Address 820 E. 37TH ST. HIALEAH FL 33013-2823	
2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt #, etc. 22 SUITE # 200 City & State 23 MIAMI FLORIDA Zip 24 33145		2a. Mailing Address 26 2300 CORAL WAY Suite, Apt #, etc. 27 SUITE # 200 City & State 28 MIAMI FLORIDA Zip 29 33145 Country 30 US	
3. Date Incorporated or Qualified 09/25/1996		3a. Date of Last Report	
4. FEI Number 65-0701134		Applied For Not Applicable	
5. Certificate of Status Desired <input 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 type="checkbox"/> No			
9. Name and Address of Current Registered Agent FREIRE, JORGE W 820 E. 37TH ST. HIALEAH FL 33172		10. Name and Address of New Registered Agent 81 Name FLORIDA ANNUAL REPORT SERVICES INC. 82 Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY BLDG. CANTELOP 83 SUITE # 230 84 City MIAMI FL 85 Zip Code 33145	
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  AMADA CANTERA LOPEZ, PRES DATE 4/23/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP DP FREIRE, JORGE W 9180 FOUNTAINBLUE BLVD., #305 MIAMI FL 33172		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP DP/ SANCHEZ, ALEXANDER 820 E. 37th. STREET HIALEAH, FL. 33172	
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP DV SANCHEZ, ALEXANDER 820 E. 37TH ST. HIALEAH FL 33172		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 800002168658--1 -05/06/97--01143--021 ****165.00 ****165.00	
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP DV SANCHEZ, OMAR 820 E. 37TH ST. HIALEAH FL 33172		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE NAME STREET ADDRESS 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.			
SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALEXANDER SANCHEZ (PRESIDENT)		Date 4/23/97 Daytime Phone # 0119523	

CR2E034 (9/96)