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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000082441 (2)

LA GLORIA CUBANA CIGARS CORP.

Principal Place of Business

Mailing Address

2222 PONCE DE LEON BLVD. SUITE 600 OORAL GABLES FL 33134 2002: PONOE-DE-LEGN-BLVD- GUITE-600 CORAL-GABLEG-FL-60164-5000-

FILED Apr 23 1997 8:00am Secretary of State



3a. Date of Last Report

3. Date Incorporated or Qualified

10/02/1996

Z, ruikipai i	Gul ath 9+1		O Ctart	4, FEITNOMBE	▼ Applied For	
	SW 8 th Street		8 sireel		Not Applicable	
Sulte, Apt.		Suite, Apt. #, etc.	0	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	, [~, , ,	City & State	1	6. Election Campaign Financing	\$5.00 May Be	
23 M 1 13 1		2B MICHI, Y		Trust Fund Contribution	Added to Fees	
Zip	Country	- 2º212A	Couplry	8. This corporation has liability for intangible	e tax under s. 199.032,	
24 33/5		30 120 13	0 UJ7		No	
	9. Name and Address of Current Re	gistered Agent	121	10. Name and Address of New Registered	Agent	
	LACE, MILTON J		81 Name Er	Name Ernesto Carrillo		
2222 PONCE DE LEON BLVD, SUITE 600			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
COR	KAL GABLES FL 33134			06 SW 854 32	<u>-</u>	
			83		,	
	0-1		84 City		85 Zip Code	
		· · · · · · · · · · · · · · · · · · ·	M	amı Fl	ろみ/ベル	
11. Pursuant t	to the gradisions of Soction 607.0562 an	d 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered	
agent. I a		is of, Section 607.0505, Florid	HOLLEGO DY THE COLDOLAL	ions board or directors. Thereby accept the ap	pointinent as registered	
SIGNATURE	V V V X X X X X X X X X X X X X X X X X			<i>✓</i> •	3/28/97	
	Sign tipe, typed or printed name of registered agent and		legistered Agent's gnature requir			
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	O Pres	☐ DELETE	1.1 TITLE		Change Addition	
NAME	CARRILLO, ERNESTO		1.2 NAME			
STREET ADDRESS	1106 SW 8TH ST		1.3 STREET ADDRESS		Ì	
CITY-ST-ZIP	MIAMI FL 33130	T perete	1.4 C(1Y - ST - Z)P			
TITLE	Eleva Carrillo	☐ DELETE	2.1 TITLE		Change Addition	
NAME .	Elenda Carrillo		22 NAME			
STREET ADDRESS	NI DAIL	•	2.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, F1 3313		2.4 CI1Y-S1-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME	•	}	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-\$T-ZIP		——————————————————————————————————————	3.4. CITY-ST-7IP		77	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		Decem	4.4 City - S1 - ZiP			
TITLE		☐ DELETE	5.1 TITLE		L_ Change L_ Addition	
NAME			52 NAME			
STREET ADDRESS			5.3 STREFT ADDRESS			
CITY-ST-ZIP		December	5.4 CITY-ST-ZIP		[] A	
TITLE		☐ DELETE	6.1 T(1).E		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		1	64 CITY-ST-ZIP			
14. I do heret Informatio	by certify that the information supplied with indicated on this angula report or supp	try to styling does not qualify: It neglal annual report is true	tor the exemption stated e and accurate and that	i in Section 119.07(3)(i), Florida Statutes. I furth my signature shall have the same legal effect :	er certify that the as if made under oath: that	
14. I do hereby certify that the information supplied with the thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this analysis report or supply herial 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 composition or the economic and that my name appears in Block 12 or Block will changed, or on an autocraft of the composition of						
- shhaqia ii	The Block 12 of Block 11 is City and the City	an agricultural villi an addre	,00.	plactor		
SIGNATURE: \ 8/21/97						