

FILE NOW: FILING FEE AFTER MAY 1 IS \$556.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG 14 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000082461 (0)
1. Corporation Name
J.V. & SONS CIGAR CO.
JUAN VALDES & SONS CIGAR CO. INC.

Principal Place of Business Mailing Address
1000 S.W. 140th Ave
Miami, FL 33184 Same

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10-2-96		10-2-96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0705016		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

J.C. VALDES
1000 S.W. 140th Ave
Miami, FL 33184

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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]* S.C. VALDES 8/11/97
Signature, typed or printed name of registered agent 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	
TITLE	ANGELA VALDES	1.1 TITLE	
NAME	8931 SW 20 ST	1.2 NAME	
STREET ADDRESS	Miami, FL 33165	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ISABEL VALDES	2.1 TITLE	
NAME	8931 SW 20 ST	2.2 NAME	
STREET ADDRESS	Miami FL 33165	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: ANGELA VALDES *[Signature]* 7/29/97 305 221-2800
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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ATTN FILING DIVISION
FLA. DEPT. OF STATE

AS PER MY CONVERSATION WITH YOU ANNUAL REPORT DIVISION AGENT
I WAS INFORMED THAT THE ANNUAL REPORT THAT WAS FILED IN APRIL WAS
RECEIVED.

WE HAD PROBLEMS WITH ALL OUR ACCOUNTING PAPERS DUE TO OUR
ACCOUNTANT GOING THROUGH A DIVORCE AND NEGLECTING ALL OF HIS
DUTIES OR NOT DOING THEM PROPERLY.

I WAS TOLD TO RE SUBMIT THE ANNUAL REPORTS AND TO EXPLAIN WHY
THEY WERE NEVER RECEIVED, I THANK YOU FOR YOUR COOPERATION
BEFOREHAND.

SINCERELY



A. VALDES