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

Mailing Address

MIAMI FL 33132-2512

22 NE 3RD AVE.

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086577 (9)

TRINIDAD CIGAR CO.

Principal Place of Business

22 NE 3RD AVE.

MIAMI FL 33132

3. Date Incorporated or Qualified 3a, Date of Last Report 10/21/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0695291 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zφ This corporation has liability for intengible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ABU-NASSAR, ADEL 22 NE 3RD AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33132** 83 City 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. Stignature: Typical or prints or raise of negistered agent and filterit applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DST Addition DELETE Change BILL 1.1 TITLE ABU-NASSAR, ADEL ABU-NASSAR, ADEL NAME 1.2 NAME 22 NE 3RD AVE. 22 NE 3rd AVE. STREET ACIONESS 1.3 STREET ADDRESS **MIAMI FL 33132** MIAMI, FL. 33132 CHY-SI-763 1.4 CITY-ST-ZIP DELETE Addition 1:11.6 21 TITLE Change NARCISSE ANTOINE NAME 2.2 NAME 11959 SW 75th STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33183 2.4 CITY-ST-ZIP 0:1Y-S1-7/ DELETE 3.1 TITLE Change Addition 101.6 HAMI 3.2 NAME 3 3 STREET ADDRESS STREET ADORESS Caty-St-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition MILE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CPY-\$1-269 4.4 CITY-ST-ZIP DELETE Addition Change Tille 51 TITLE 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP (01) - \$1 - 709 DELETE Change Addition Till F 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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

FILED
May 16 1997 8:00am
Secretary of State

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