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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

305-8AC-0857

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096732 (8)

CIGAR TRADER OF MIAMI, CO.

Mailing Address Principal Place of Business 1243 WEST 77TH STREET 1243 WEST 77TH STREET HIALEAH FL 33014 HIALEAH FL 33014-3426 3. Date Incorporated or Qualified 3a. Date of Last Report 11/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-07/0277 w 77 ST. 1243 1243 77 FT Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be HIALEA *HIAL*ERH -Added to Fees Trust Fund Contribution Country 8. This corporation has liability for intangible tax under s. 199.032, 33014 USA USA Yes \(\sum \) No Florida Statutes 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name URQUIOLA, ILEANA NONC 1243 WEST 77TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 HIALEAH FL 33014 83 Zip Code 84 City 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 adjustions of Section 607.0505, Florida Statutes.
SIGNATURE Stgnature, typed or print (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS (96/6)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ Change ____ Addition DELETE 1.1 TITLE TITLE CABRERA, MARIA 1.2 NAME NAME 1243 WEST 77TH STREET 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE URQUIOLA, ILEANA 2.2 NAME NAME 1243 WEST 77TH STREET 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 2.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE THIE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

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 appears in Block 12 or Block 13 the changed, or on an adjustment with an address.