

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000096732 (8)

1. Corporation Name
CIGAR TRADER OF MIAMI, CO.



Principal Place of Business 1243 WEST 77TH STREET HIALEAH FL 33014	Mailing Address 1243 WEST 77TH STREET HIALEAH FL 33014
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 760 E 41ST, Rear Suite, Apt. #, etc. 22 City & State 23 HIALEAH - FL Zip 24 33013		2a. Mailing Address 26 760 E 41ST. Suite, Apt. #, etc. 27 REAR City & State 28 HIALEAH - FL Zip 29 33013		3. Date Incorporated or Qualified 11/27/1996	
Country 25 USA		Country 30 USA		4. FEI Number 65-0710277	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent URQUIOLA, ILEANA 1243 WEST 77TH STREET HIALEAH FL 33014				10. Name and Address of New Registered Agent	
				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, 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	D	1.1 TITLE	
NAME	CABRERA, MARIA	1.2 NAME	
STREET ADDRESS	1243 WEST 77TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33014	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	URQUIOLA, ILEANA	2.2 NAME	
STREET ADDRESS	1243 WEST 77TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33014	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 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]

4-16-98

305-696-6972

CR2E034 (10/97)