

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

FILED
Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100108 (5)

1. Corporation Name
CASILLAS CIGARS INC.



Principal Place of Business 9750 S.W. 161 ST MIAMI FL 33157	Mailing Address 9750 S.W. 161 ST MIAMI FL 33157-3316
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21. Principal Place of Business 4712 West Flagler St Suite, Apt. #, etc. City & State MIAMI, FLA Zip 33134	22. Mailing Address 4712 West Flagler St Suite, Apt. #, etc. City & State MIAMI, FLA Zip 33134
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3. Date Incorporated or Qualified 12/11/1996	3a. Date of Last Report 6/2/97
4. FEI Number 65-0718024	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CASILLAS, ERNESTO
9750 S.W. 161 ST
MIAMI FL 33157

10. Name and Address of New Registered Agent.
81 Name Macario Casillas
82 Street Address (P.O. Box Number is Not Acceptable)
9750 SW 161 ST
83
84 City MIAMI, FLA FL 85 Zip Code 33157

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 Macario Casillas DATE 6/2/97
Signature typed or printed name of registered agent and date of signature. Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	CASILLAS, MACARIO	1.2 NAME	
STREET ADDRESS	9750 S.W. 161 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CASILLAS, ERNESTO	2.2 NAME	
STREET ADDRESS	9750 S.W. 161 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	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: Macario Casillas DATE: 5/30/97

CR2E034 (9/96)