**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700007818

1. Corporation Name

CIGAR & LIQUOR ENTERPRISES, INC.

Principal	Place	of	Business

2. Principal Place of Business

Mailing Address

11510 S.W. 32 STREET MIAMI FL 33165

21

22

23 Zip 24

SIGNATURE

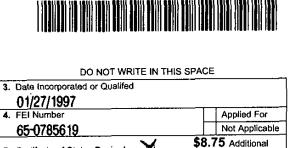
11510 S.W. 32 STREET MIAMI FL 33165

2a. Mailing Address

26

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90051 024 \*\*\*158.75



Suite, Apt. #,	etc.	Suite 27	, Apt. #, etc.		5. Certifcate of Status Desired	×	\$8.75 Additional Fee Required		
City & State		City :	& State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip 29	Со. 30	intry	This corporation owes the current Personal Property Tax.	nt year h	ntangible □ Yes <b>⊠</b> No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
RAMIR	ez, Leonardo			81 Name	tress (P.O. Box Number is Not Acceptate	ole)			

11510 S.W. 32 STREET **MIAMI FL 33165** 

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, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature r		UATE		
12.	OFFICERS AND DIRECTORS	13.		ANGES TO OFFICERS A		
TITLE	D/D □ DELETE	1.1 TITLE	VP/D	W. 4E5	Change	Addition
NAME	RAMIREZ, LEONARDO	1.2 NAME	DIGH V. K.	MINES MINES		Į
STREET ADDRESS	11510 S.W. 32 STREET	1.3 STREET ADDRESS	11510 5.W.	mi <b>r</b> ez 32 no St <i>A. 33165</i>		Ì
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	MIAMI, PL	A. 22165		
TITLE	☐ DELETE	2.1 TITLE	<b>_</b>		Change	☐ Addition
NAME		2.2 NAME				)
STREET ADDRESS		2.3 STREET ADDRESS				1
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		<u> </u>		
TITLE	DELETE	3.1 TITLE			☐ Change	Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4, CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE			Change	Addition
NAME		4. 2 NAME				Ì
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	DELETE	5.1 TITLE			Change	☐ Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS		· ·		
CITY-ST-ZIP		5.4 City-St-ZiP		•		
TITLE	☐ DELETE	6.1 TITLE			Change	☐ Addition
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, with all other like empowered.

SIGNATURE: