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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P97000011386 (4)

FABRICA DE TOBACOS ORIENT-EXPRESS S.A. USA, INC

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Apr 13 1998 8:00am Secretary of State



2010 E. ALTANTIC BLVD - 2213 E. ALTANTIC BLVD POMPANO BEACH FL 33062 POMPANO BEACH EL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/05/1997 28. Mailing Address 26] 900 E. ATLANTIC BLW 2. Principal Place of Business Applied For 65-0612387 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired うしててら Fee Required 22 City & State ity & State 6. Election Campaign Financing \$5.00 May Be POMPANO BEACH 23 TAMARAC FL Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 3060 BROWARD 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOFFMAN, STEWART 9100 LIME BAY BLVD 82 Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33321 64 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE HOFFMAN, STEWART NAME 1.2 NAME LIME BAY BLYN 2213 E. ALTANTIC BLVD STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH PL 33062 CITY-ST-ZIP 1.4 City-St-ZiP DELETE Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Change DELETE TITLE 3.1 TITLE 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 STREET ADDRESS 4.3 STREET ADDRESS City-ST-7/P 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 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.