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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TOTLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011598 (4)

TRI-STAR TOBACCO CO., INC.

1626 WEST 33RD PLACE HIALEAH FL 33012 HIALEAH FL 33012		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/05/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0760725	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & Stale		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 30	Country	This corporation owes or has paid the Personal Property Tax due June 30.	current year intangible
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
GARCIA, DAVID 1187 W. 37TH STREET HIALEAH FL 33012	17.04.02 and 607.1509. Elected Statutor.	82 Street Add /4/28/83 84 City ///	ress (P.O. Box Number is Not Acceptable) Annac poration submits this statement for the purpose	o of changing its registered
office or registered agent of both, in the agent. I am familiar with and accept the SIGNATURE	e State of Florida. Such change was auti- e obligations of, Spotion 607.0505. Florid	iorized by the corpora a Statutrs:	tion's board of directors. Thereby accept the a	PP
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE DAWN BLES. NAME GARCIA DAVID STREET ADDRESS CHY-SI-ZIP HIALEAH FL 33012	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STHEET ADDRESS 1.4 CITY: ST-749	MESIOSUT/DIRECTEL MID GARLIA MID GARLIA MICHAEL FL 30027	Change Addition
TITLE NAME STREET ADDRESS	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS		Change Addition

2. 4 CITY-\$1-7IP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C(TY - ST - 7(P

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DILETE

DELETE

DELETE

6.4 CHY-S1-7IP CITY-ST-ZIP 14. 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 receiper 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 attantiumont with an address.

FILED

Jan 20 1998 8:00am

Secretary of State

Change

Change

Change

Change

Addition

Addition

Addition

Addition