

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

FILED
May 20 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 # **P97000024865 (2)**

1. Corporation Name
FLOR MARIA CIGARS, INC.



Principal Place of Business 7951 SW 40TH ST., STE. 206 MIAMI FL 33155	Mailing Address 7951 SW 40TH ST., STE. 206 MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7847 NW 72 Ave Suite, Apt. #, etc. 22 City & State 23 MEDLEY FL Zip 24 33166 25 Country		2a. Mailing Address 26 7847 NW 72 Ave Suite, Apt. #, etc. 27 City & State 28 MEDLEY FL Zip 29 33166 30 Country		3. Date Incorporated or Qualified 03/19/1997	4. FEI Number 65-0738301	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent HERNANDEZ, PEDRO 7951 SW 40TH ST., STE. 206 MIAMI FL 33155				10. Name and Address of New Registered Agent 81 Name RODRIGUEZ RAFAEL 82 Street Address (P.O. Box Number is Not Acceptable) 7847 NW 72 Ave 83 84 City MEDLEY FL 85 Zip Code 33166			
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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: *Rafael Rodriguez* *Rafael Rodriguez* **4/16/98**
Signature of officer or director of registered agent, if not applicable (NOT Required Agent signature required for change of location) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERNANDEZ, PEDRO		1.2 NAME	RODRIGUEZ RAFAEL			
STREET ADDRESS	7951 SW 40TH ST., STE. 206		1.3 STREET ADDRESS	7847 NW 72 Ave			
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP	MEDLEY FL 33166			
TITLE	DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIRON, CARLOS		2.2 NAME				
STREET ADDRESS	7951 SW 40TH ST., STE. 206		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP				
TITLE	DST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, RAFAEL		3.2 NAME				
STREET ADDRESS	7951 SW 40TH ST., STE. 206		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Rafael Rodriguez* *Rafael Rodriguez* **4/16/98**

CR2E034 (10/97)