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May 08 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 # P97000026707 (4)

1. Corporation Name

MIAMI-HAVANA CIGARS, INC.

Principal Place of Business

900 BAY DRIVE STE 810
MIAMI BEACH FL 33141

Mailing Address

900 BAY DRIVE STE 810
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1071 SW 8 ST	26 1071 SW 8 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Miami, FL	28 Miami, FL
Zip	Zip
24 33130	29 33130
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified

03/25/1997

4. FEI Number

65-0737318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ACUNA, ALFREDO
900 BAY DRIVE STE 810
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name Hector Capo
82 Street Address (P.O. Box Number is Not Acceptable)
1071 SW 8 ST
83
84 City Miami FL 85 Zip Code 33130

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	President/Secretary
NAME	ACUNA, ALFREDO	1.2 NAME	Hector Capo Jr.
STREET ADDRESS	900 BAY DRIVE STE 810	1.3 STREET ADDRESS	939 SW 9 ST
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	Miami, FL 33130
TITLE	President	2.1 TITLE	Vice President
NAME	Hector Capo Jr.	2.2 NAME	Jorge A. Carrión
STREET ADDRESS	939 SW 9 ST	2.3 STREET ADDRESS	6781 SW 4 ST
CITY-ST-ZIP	Miami, FL 33130	2.4 CITY-ST-ZIP	Miami, FL 33144
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector Capo Jr., President 4/30/98

305-285-6990

Daytime Phone # 0201618

CR2E034 (10/97)