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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **P97000030340** 

Country

9. Name and Address of Current Registered Agent

25

LOLA CIGARS, CORP.

Principal Place of Business 8343 NW 12TH ST MIAMI FL 33126

21

22

23

24

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

8343 NW 12TH ST MIAMI FL 33126

2a. Mailing Address

City & State

Zip

27

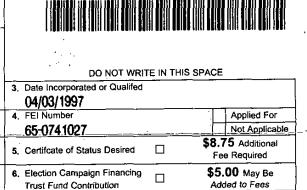
28

29

Suite, Apt. #, etc.

## FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90105 047 \*\*\*150.00



VALERA, AGUSTIN 8343 NW 12TH ST MIAMI FL 33126

	10. Name and Address of New Registered Agent						
81	Name						
82	Street Address (P.O. Box Number is Not Accept	table)					
83			<u></u>				
84	City	FL 85	Zip Code				

8. This corporation owes the current year Intangible

Personal Property Tax.

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.

Country

30

SIGNATURE							
	Signature, typed or printed name of registered agent and title if		Registered Agent signature require				
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	VALERA, MILAGROS		1.2 NAME	~			
STREET ADDRESS	6325 SW 138TH CT, APT 1		1.3 STREET ADDRESS	h of the same			
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP	<del></del>			
TITLE	VTD	☐ DELETE	2.1 TITLE	,	☐ Change	Addition	
NAME	VALERA, AGUSTIN		2.2 NAME	• •			
STREET ADDRESS	6325 SW 138TH CT, APT 1		2 3 STREET ADDRESS	•			
CITY-ST-ZIP	MIAMI FL 33183		2. 4 CITY-ST-ZIP				
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				
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-Z'P			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
			64 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 supplied 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 of the receiver of 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 changes, then an address, with all other like empowered.

SIGNATURE:

PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

(305) 436-5652

R2E034 (11/98)

□No