(((H97000006370 5)))

DIVISION OF CORPORATIONS

FAX #:

(904)922 - 4001

FROM: MIT PRODUCTS AND SERVICE, INC.

ACCT#:

070402002741

CONTACT: RAFAEL MOREL

PHONE: (305)871-0008

FAX #:

(305) 871 - 0550

NAME: DOMINICAN CIGARS, INC.

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AL APR 2 1 1997.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 21, 1997

MIT PORDUCTS & SERVICE

SUBJECT: DOMINICAN CIGARS DISTRIBUTORS, INC.

REF: W97000009119

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The required electronic filing cover sheet was not submitted with the document. Please resubmit the document with the electronic filing cover sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt Corporate Specialist FAX Aud. #: H97000006370 Letter Number: 497A00020217 H97000006370

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

ARTICLES OF INCORPORATION

<u>OF</u>

DOMINICAN CIGARS DISTRIBUTORS, INC.
The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
DOMINICAN CIGARS DISTRIBUTORS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2780 TIGERTAIL AVENUE # 303 MIAMI, FLORIDA 33133

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 10000 SHARES, ONE DOLLAR PAR VALUE PER SHARE.

ARTICLE IV-PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which it already holds, shall have the right to purchase his pro rata share thereof as nearly as may be done without issuance of fractional shares as the price at which it is offered to others.

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PREPARED BY: MIT PRODUCTS & SERVICE, INC. 6555 N.W. 36th St. Ste. 301 Miami, F1. 33166

PHONE (305) 871-0008

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ARTICLE V-INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JOSE VLADIMIR LOCKHART 2780 TIGERTAIL AVENUE # 303 MIAMI, FLORIDA 33133

ARTICLE VI

This corporation shall have (2) (two) directors initially, The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The name and address of the initial director on this corporation is

JOSE VLADIMIR LOCKHART 2780 TIGERTAIL AVENUE # 303 MIAMI, FLORIDA 33133

RAISA E. LOCKHART 2780 TIGERTAIL AVENUE # 303 MIAMI, FLORIDA 33133

ARTICLE VII

OFFICER(S) AND SUBSCRIBER(S)
The officer(s) and subscriber(s) of this corporation is as follow:

JOSE VLADIMIR LOCKHART

PRESIDENT/DIRECTOR/

300 SHARES

TREASURER

RAISA E. LOCKHART

SECRETARY/DIRECTOR

H97000006370

ARTICLE VIII

INCORPORATOR (S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JOSE VLADIMIR LOCKHART 2780 TIGERTAIL AVENUE # 303 MIAMI, FLORIDA 33133

The undersigned has (have) executed these Articles of Incorporation this 18TH Day of April, 1997

JOSE VLADIMIR LOCKHART/INCORPORATOR

Signature/ Title

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the state of Florida.

1.	The n	ame	of	the	corporation	is:	DOMINICAN	CIGARS	DISTRIBUTORS.	INC.
.	TIIC TT	CU)	ŲĽ		COTTO TO CACO	- · · ·				

2.	The mar	me and address of the registered agent and office is:
	į	JOSE VLADIMIR LOCKHART
		(NAME)
		2780 TIGERTAIL AVENUE # 303
		(ADDRESS)
		l t

MIAMI, FLORIDA 33133 | (CITY/STATE/ZIP)

SIGNATURE A. VICTOR FORLY
TITLE PASS dent____

DATE April 18, 1997

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 7

DATE April 18, 199