


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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000035446 (8)

1. Corporation Name
DOMINICAN CIGARS DISTRIBUTORS, INC.



Principal Place of Business 2700 N. BETHUNE AVE. #303 MIAMI FL 33135	Mailing Address 2700 N. BETHUNE AVE. #303 MIAMI FL 33135
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6555 N.W. 36ST. # 318 Suite, Apt. #, etc.		2a. Mailing Address 26 6555 N.W. 36ST. # 318 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/21/1997	
22 City & State 23 MIAMI, FL. 33166 Zip Country 24 33166 25 USA		27 City & State 28 MIAMI, FL. Zip Country 29 33166 30 USA		4. FEI Number 65-0745586 Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOCKHART, JOSE V 2700 N. BETHUNE AVE. #303 MIAMI FL 33135		10. Name and Address of New Registered Agent 81 Name LOCKHART, JOSE V 82 Street Address (P.O. Box Number is Not Acceptable) 12435 N.W. 7TH STREET 83 84 City MIAMI		85 Zip Code FL 33182	
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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 Jose V. Lockhart / President [Signature] 3/16/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME LOCKHART, JOSE V STREET ADDRESS 2700 N. BETHUNE AVE. #303 CITY-ST-ZIP MIAMI FL 33135	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME LOCKHART, JOSE V 1.3 STREET ADDRESS 12435 N.W. 7TH STREET 1.4 CITY-ST-ZIP MIAMI, FL. 33182	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LOCKHART, RAISA E STREET ADDRESS 2700 N. BETHUNE AVE. #303 CITY-ST-ZIP MIAMI FL 33135	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME LOCKHART, RAISA E 2.3 STREET ADDRESS 12435 N.W. 7TH STREET 2.4 CITY-ST-ZIP MIAMI, FL. 33182	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] Jose V. Lockhart 3/16/98 (605) 871-3328

CF2E034 (10/97)