

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

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000038042**  
 1. Corporation Name  
**DORAL CIGARS SHOP, INC.**

Principal Place of Business: **12857 SW 60th St. Miami, FL 33183**  
 Mailing Address: **12857 SW 60th St. Miami, FL 33183**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**04/29/97**

2. Principal Place of Business 21 <b>12857 SW 60th St.</b> Suite Apt. #, etc 22	2a. Mailing Address 26 <b>2588 SW 27th Ave.</b> Suite, Apt. #, etc. 27	4. FFL Number <b>65-0755890</b> Applied For Not Applicable
23 <b>Miami, FL</b> City & State 24 <b>33183</b> Zip 25 <b>U.S.</b> Country	28 <b>Miami, FL</b> City & State 29 <b>33133</b> Zip 30 <b>U.S.</b> Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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  
**PALENZUELA, ROBERT**  
**12857 SW 60th St.**  
**Miami, FL 33183**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature) \_\_\_\_\_ (Registered Agent signature required when reinstating) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PALENZUELA, ROBERT	
STREET ADDRESS	12857 SW 60th St.	
CITY-ST-ZIP	Miami, FL 33183	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EIROA, CHRISTIAN	
STREET ADDRESS	12857 SW 60th St.	
CITY-ST-ZIP	Miami, FL 33183	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EIROA, ENA	
STREET ADDRESS	12857 SW 60th St.	
CITY-ST-ZIP	Miami, FL 33183	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**900002499269**  
**-04/24/98--01035--007**  
**\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exempt on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement if 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 in an attachment with an address.

SIGNATURE: *Ena E Iglesias* Director *Ena Eiroa* **4/14/98** (305) 4365701  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE NO.

CR2E034 (10/97)