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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700038042

1. Corporation Name

DORAL CIGARS SHOP, INC.

Princi	pal P	lace o	of Business ST.
12857	S.W.	60TH	ST.

2588 S.W. 27TH AVENUE MIAMI FL 33133

FILED May 21, 1999 8:00 am Secretary of State

05-21-1999 90010 047 ***150.00



MIAMI FL 33183 MIAMI FL 33133 US				DO NOT WRITE IN THIS SPACE					
		•			3. Date Incorporated or Qualifed 04/29/1997				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
	N.W. 41st Street	26			65-0755890			Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.					\$8.7	5 Additional	
22		27			5. Certificate of Status Desired		Fee	Required	
City & State	e	City & State			6. Election Campaign Financing	<u> </u>	\$5.0	00 May Be	
23 Miami	, FL	28			Trust Fund Contribution		Adde	ed to Fees	
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Inta	ngible		
24 33178	3 25	29 30	1		Personal Property Tax.		Yes	□No	
,=- ,	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered A	Agent		
			81	Name					
PALE	enzuela, robert		82	Stroot A	ddroes (P.O. Roy Number is Not Accepta	hle)			
1285	12857 S.W. 60TH ST.			82 Street Address (P.O. Box Number is Not Acceptable)					
MIAN	AI FL 33183		83						
			84	City		FL	85 Z	ip Code	
11. Pursuant office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	2 and 607.1508, Florida Statutes, of Florida. Such change was auth ions of, Section 607.0505, Florida	the above orized by a Statutes	e-named co the corpora	orporation submits this statement for the ation's board of directors. I hereby accept	purpose of o t the appoir	changing itment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE: Re	nistered Ager	t signature reo	jurred when reinstating)	DATE		———	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12	
TITLE	PD	☐ DELETÉ	1.1 TITLE				Chang		
NAME	PALENZUELA, ROBERT	_	1.2 NAME					+	
STREET ADDRESS	12857 S.W. 60TH ST.			ADDRESS					
1			1.4 CITY-S						
CITY-\$T-ZIP	MIAMI FL 33183 VD	™ DELETE	2.1 TITLE	1-ZIF			Chang	ge Addition	
TITLE	, · ··	3 522212	2.2 NAME						
NAME	EIROA, CHRISTIAN			*********					
STREET ADDRESS	12857 S.W. 60TH ST.		2.3 STREET						
CITY-ST-ZIP	-MIAMI-FL-33183	W not the	2: 4 CITY-S	T- ZIP		·	Chang	ge Addition	
TITLE	SD	IX D€LETE	3.1 TITLE					ge	
NAME	EIROA, ENA		3.2 NAME					ļ	
STREET ADDRESS	12857 S.W. 60TH ST.		3.3 STREE	ADDRESS					
CITY-\$T-ZIP	MIAMI FL 33183		3.4. CITY- S	T-ZIP				And Control Addition	
TITLE		☐ DELETE	4.1 TITLE				Chang	ge 🗌 Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Chang	ge 🗌 Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	r-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Chang	ge Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS				ļ	
CITY-ST-ZIP			64 CITY-S	T-ZIP					
SHIPSHALE [1		_						

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #