FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000051955

1. Entity Name



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90124 003 ***150.00

DO NOT WRITE IN THIS SPACE 2. Propage Record Degenerate 2. 15 N.W. 107 Avenue 2.315 N.W. 107 Avenue 2.316 N.W. 107 Avenue 2.317 N.W	HABA-DUM CIGARS CURP.			√					
2315 N.W. 107 Avenue		DO NOT WRITE	IN THIS	SPAC	E	90	037748		
Suite 95 City 6 State Miamit, Florida DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Signal Address of Current Registered Agent Roberto F. Fleitas Signal Address of Current Reg				107 Ave:	enue				
City & State Minams, Florida Mizami, Florida 65-0761881 September 733172 County 33172 County 45 Coun	Suite, Apt. #, etc. Suite, Apt. #, etc.				#/************************************	DO NOT WRITE IN THIS SPACE			
Secretary Secr	City & Star	te .	City & State	· · · · ·]	
DO NOT WRITE IN THIS SPACE Name and Address of Current Registered Agent Roberto F. Fleitas Roberto F. Fleit	Zip	· · · · · · · · · · · · · · · · · · ·				¢0.75			
DO NOT WRITE IN THIS SPACE Roberto F. Fleitas Serial Address (75, Box Numbur is Not Acceptable)	331/2	USA	33172	US			Fee Required		
IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the chipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chipations of the state of Florida. I am familiar with, and accept the florida of the state of Florida. I am familiar with, and accept the florida of the state of Florida. I am familiar with, and accept the florida of the state of Florida. I am familiar with, and accept the florida of the state of Florida. I am familiar with, and accept the florida of the state of Florida. I am familiar with, and accept the florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the florida. I am familiar with and accept the florida. I am familiar with, and accept the florida. I am familiar with and accept the florida. I am familiar with, and accept the florida. I am familiar with, and accept the florida. I am familiar with and accept the florida. I am familiar	, '4	DO NOT W	DITE	*** **		. Fleitas			
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Novice of principles agent Novice of principles Novice of princi					Street Address (782 N.W.	Lejeune Road			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$150.00 Amended UBR is \$51.25 Make Check Payable to Florida Department of State 19. OFFICERS AND DIRECTORS III.I. MAY President / Director Trancisco Javier Zamorano-Saenz SIREI AUGRESS SIREI AUGRESS SIREI AUGRESS Apartado de Correos 1364, Barrio Chamberi, Santa Cruz de Tenerife, OF GIV-SI-2P Chamberi, Santa Cruz de Tenerife OC Till NAME SIREI AUGRESS CIV-SI-2P TILL VICE President Javier Provalns Santa Cruz de Tenerife OC CIV-SI-2P TILL NAME SIREI AUGRESS CIV-SI-2P TILL NAME SIREI A	IN THIS SPACE				Suite 530	te 530			
The cobligations of registered agent. Signature S					Miami		 33126		
January 1- May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended URB is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITIE Francisco Javier Zamorano—Saenz SIRETADORES	8. The above the obligat	 named entity submits this statement for tions of registered agent. 	or the purpose of changi	ing its register	ed office or register	ed agent, or both, in the State of Florid	da. I am familiar with, and accept		
January 1- May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended URB is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITIE Francisco Javier Zamorano—Saenz SIRETADORES	SIGNATURE	•	·						
Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITLE President/Director Francisco Javuer Zamorano—Saenz SIRETADRESS CITY-51-2P Santa Cruz de Tenerife, SP OC ITLE Treasurer Francisco G. de Aledo y Buergo Calle Bencomo: #19:La: Laguna SIRETADRESS CITY-51-2P SIRETADRESS CITY-51-2P TITLE Secretary NAME SIRETADRESS CITY-51-2P TITLE Vice President Javier Morales Apartado de Correos 1364 Barrio Chamberi, Santa Cruz de Tenerife OC TITLE NAME SIRETADRESS CITY-51-2P TITLE NAME SIRETADRESS	Jai	Signature, typed or printed name of registered agent nuary 1 - May 1 Fee is \$150.00	and title if applicable.	(NOTE: Registere	d Agent signature required				
INLE INTERPREDICES OLYP-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CIT	1	Amended UBR Is \$61.25							
STREET ADDRESS CITY-ST-ZP		OFFICERS AND	DIRECTORS						
STREET ADDRESS CITY-ST-2P TITLE Segretary Federico G. de Aledo y Buergo Calle Bencomo: #197Lar Laguna Santa Cruz de Tenerife OC TITLE JAVIE JA	NAME				E			(12/02)	
STREET ADDRESS CITY-ST-2P TITLE Segretary Federico G. de Aledo y Buergo Calle Bencomo: #197Lar Laguna Santa Cruz de Tenerife OC TITLE JAVIE JA	1	· ·						034B	
STREET ADDRESS CITY-ST-2P TITLE Segretary Federico G. de Aledo y Buergo Calle Bencomo: #197Lar Laguna Santa Cruz de Tenerife OC TITLE JAVIE JA	1				I			SRZE	
ITILE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE		Apartado de Correos 1364, Barrio				i .		_	
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE ST	l	Secretary							
TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CIT		Calle Bencomo #19 La Laguna			-	50 MOT W			
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered. SIGNATURE:	CITY-ST-ZIP				-ST-ZIP				
Chamberi, Santa Cruz de Tenerife S CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL T	l :	Javier Morales Apartado de Correos 1364 Barrio				IN THIS S	PACE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered SIGNATURE:		Chamberi, Santa Cru	z de Tenerii	For CID SINE	1				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered SIGNATURE:					1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered SIGNATURE:					l l				
NAME STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered. SIGNATURE:		,			<u> </u>				
12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered. SIGNATURE:	NAME			NAME	E				
SIGNATURE: 2/18/03									
	12. I hereby of indicated of the correction attachments	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp of with an address, with all other like em	this filing does not qual true and accurate and owered to execute this ndowered	lify for the exer that my signat report as requ	mption stated in Sec ure shall have the s uired by Chapter 60	ction 119.07(3)(i), Florida Statutes. I fu ame legal effect as if made under oat 17, Florida Statutes; and that my name	rther certify that the information n; that I am an officer or director appears in Block 10 or ол an		
SIGNATURE AND EXPEDICAL PROPERTY OF SIGNING OFFICER OR DIRECTOR	SIGNAT		1	_		2/18/03			