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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90024 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P-97000059314 (9) *OK*

1. Corporation Name
EL CANELO & INFIESTA CIGARS CORP.

Principal Place of Business	Mailing Address
709 NW 27th AVE Miami, FL 33125	391 8th ST S.E. Naples FL 34117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07-08-1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3226 NW 7th ST	26	65-0769832	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Miami FL	28	Trust Fund Contribution	<input type="checkbox"/>
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 33125-4102 25 DADE	29 30		

9. Name and Address of Current Registered Agent
ELBA RODRIGUEZ
 709 NW 27th AVE
 Miami, FL 33125

10. Name and Address of New Registered Agent

81 Name	ELBA RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable)	3226 NW 7th ST
83	
84 City	Miami
85 Zip Code	FL 33125

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ELBA RODRIGUEZ	
STREET ADDRESS	3226 NW 7th ST	
CITY-ST-ZIP	Miami, FL 33125	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	MADELINE RODRIGUEZ	
STREET ADDRESS	3226 NW 7th ST	
CITY-ST-ZIP	Miami, FL 33125	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LAURA TOLEDO	
STREET ADDRESS	3226 NW 7th ST	
CITY-ST-ZIP	Miami, FL 33125	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **ELBA RODRIGUEZ** *Elba Rodriguez* 02-24-99 (305) 541-6315
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)