

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90024 046 ***150.00

DOCUMENT # P-97000059314 (9) *OK*

1. Corporation Name

EL CANELO & INFUESTA CIGARS CORP.

Principal Place of Business

709 NW 27th AVE
Miami, FL 33125

Mailing Address

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

21 3226 NW 7th ST

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Miami FL

Zip Country

24 33125-4102 25 DADE

City & State

27 Suite, Apt. #, etc.

Zip Country

28 30

4. FEI Number

65-0769832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 FL 85 Zip Code
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME ELBA RODRIGUEZ
STREET ADDRESS 3226 NW 7th ST
CITY-ST-ZIP Miami, FL 33125

TITLE DVT ☐ DELETE
NAME MADELINE RODRIGUEZ
STREET ADDRESS 3226 NW 7th ST
CITY-ST-ZIP Miami, FL 33125

TITLE DS ☐ DELETE
NAME LAURA TOLEDO
STREET ADDRESS 3226 NW 7th ST
CITY-ST-ZIP Miami, FL 33125

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)