

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

PRG&FIT CORPORATION ANNUAL REPORT 2000



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

FILED May 01, 2000 8:00 am Secretary of State

05-01-2000 90363 021 ***150.00

DOCUMENT # P970000 59314 (9) ✓

1. Corporation Name
EX PANELO & INFJCSA CIGARS CORP.

Principal Place of Business: 709 NW 27th Ave, Miami FL 33125
Mailing Address: 391 8th ST SE, NAPLES, FL 34117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1997
4. FEI Number: 105-0769832
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 3226 NW 7th ST, Miami FL 33125-4102
2a. Mailing Address: 3226 NW 7th ST, Miami FL 33125-4102
27. Suite, Apt. #, etc.:
28. City & State: Miami FL
29. Zip: 33125-4102
30. Country: USA

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
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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	President	<input type="checkbox"/> DELETE
NAME	ELBA RODRIGUEZ	
STREET ADDRESS	709 NW 27 Ave	
CITY-ST-ZIP	Miami FL 33125	
TITLE	VICE President	<input type="checkbox"/> DELETE
NAME	Madelene Rodriguez	
STREET ADDRESS	709 NW 27 Ave	
CITY-ST-ZIP	Miami FL 33125	
TITLE	SEC. & TREASURY	<input type="checkbox"/> DELETE
NAME	LAURA TOLEDO	
STREET ADDRESS	709 NW 27 Ave	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
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: Madelene Rodriguez 04/17/00 (305) 541-6315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #