

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90042 043 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065142

1. Entity Name

EL AGUILA CIGARS CORP.

Principal Place of Business

Mailing Address

1780 SW 1 STREET
MIAMI, FL 33135

1780 SW 1 STREET
MIAMI, FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

65-0770840

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMANDO B. GALLARDO
1780 SW 1 STREET
MIAMI, FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

FILE NOW!!! FEE IS \$100.00
AFTER MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$0.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME MARIELA GALLARDO
STREET ADDRESS 13826 SW 102 TERR.
CITY - ST - ZIP MIAMI, FL 33186

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change

Addition

TITLE S/T
NAME ARMANDO GALLARDO
STREET ADDRESS 13826 SW 102 TERR.
CITY - ST - ZIP MIAMI, FL 33186

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change

Addition

TITLE VP/D
NAME PABLO QUINTANA
STREET ADDRESS 11807 SW 204 STREET
CITY - ST - ZIP MIAMI, FL 33177

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change

Addition

TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change

Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pablo Quintana* PABLO QUINTANA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 305-643-2763

Date

Daytime Phone #