

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000068726 (3)

1. Corporation Name

TRINIDAD TOBACCO TRADING CORPORATION



Principal Place of Business

11261 SOUTHWEST 184 STREET
MIAMI FL 33157

Mailing Address

11261 SOUTHWEST 184 STREET
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1997

4. FFL Number

61-0772537

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 PD ☐ DELETE

NAME TRINIDAD, ESTELA GARCIA M
STREET ADDRESS 11261 SOUTHWEST 184 STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE VD ☐ DELETE

NAME TRINIDAD, DIEGO
STREET ADDRESS 11261 SOUTHWEST 184 STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE SD ☒ DELETE

NAME TRINIDAD, MARIA E
STREET ADDRESS 11261 SOUTHWEST 184 STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE TD ☒ DELETE

NAME CARDENAS, MARIA ESTELA T
STREET ADDRESS 11261 SOUTHWEST 184 STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☒ DELETE

NAME TRINIDAD, EDUARDO
STREET ADDRESS 11261 SOUTHWEST 184 STREET
CITY-ST-ZIP MIAMI FL 33157

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 TRINIDAD, ESTELAGARCIA M.
1.3 STREET ADDRESS 11261 S.W. 184 ST.
1.4 CITY-ST-ZIP MIAMI FL 33157

2.1 TITLE S,V,D ☒ Change ☐ Addition

2.2 NAME TRINIDAD, DIEGO
2.3 STREET ADDRESS 11261 S.W. 184 ST.
2.4 CITY-ST-ZIP MIAMI FL 33157

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.

SIGNATURE:

Diego Trinidad

3/1/98 306-553-8443

CR2E034 (10/97)