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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

TITLE

NAME

STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1998 8:00am

Secretary of State

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000083869 (2)

TOBACCO ROAD IMPORTS, INC.

907 CYPRESS TERRACE 907 CYPRESS TERRACE **SUITE 204** SUITE 204 DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Date Incorporated or Qualified 09/29/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 907 Cypress 10 Suite, Apt. #, etc. 650787163 907 Cypress Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 204 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing PlA Pumpawo Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 33069 Broward Browned Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent **AMERILAWYER CHARTERED** 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** В3 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE **PSTD** 1.1 TITLE Change Addition LONGO, FRED NAME 1.2 NAME 907 CYPRESS TERRACE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP City-ST-ZIP DELETE Change Addition TITLE 51 TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

14. Thereby 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

6.3 STREET ADDRESS

DELETE