

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000053020 Sterling Tobacco Distributors, Corp.

Principal Place of Business: 6405 NW 36th St, Suite #107, Miami, FL 33166. Mailing Address: P.O. Box 565792, Miami, FL 33256.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: June 12, 1998. 4. FEI Number: 65-0844911. 5. Certificate of Status Desired: [X] \$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 [X] No.

25. Principal Place of Business: 6405 NW 36th St, Suite 107, Miami, FL 33166, USA. 26-29. Mailing Address: P.O. Box 565792, Suite, Apt. #, etc., Miami, FL 33256, USA.

9. Name and Address of Current Registered Agent: Cesar Gafaro, 11332 SW 114th Circle Lane, Miami, FL 33196. 10. Name and Address of New Registered Agent: Cesar Gafaro, 11332 SW 114th Circle Lane, Miami, FL 33196.

Cesar Gafaro, 11332 SW 114th Circle Lane, Miami, FL 33196.

81 Name: Cesar Gafaro. 82 Street Address: 11332 SW 114th Circle Lane. 83. 84 City: Miami, FL 85 Zip Code: 33196.

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] Cesar Gafaro 1/04/00. (NOTE: Registered Agent signature required when reinstating) DATE: 1/04/00.

OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PCD [] DELETE Cesar Gafaro 11332 SW 114th Circle Lane Miami, FL 33196 [] DELETE

1.1 TITLE [] Change [] Addition. 1.2 NAME. 1.3 STREET ADDRESS: 599145902823--6. 1.4 CITY-ST-ZIP: -05/17/99--90041--039. *****81.25 *****81.25 [] Change [] Addition.

[] DELETE

2.1 TITLE. 2.2 NAME. 2.3 STREET ADDRESS: 599145902823--6. 2.4 CITY-ST-ZIP: -02/15/00--01116--017. *****88.75 *****88.75 [] Change [] Addition.

[] DELETE

3.1 TITLE. 3.2 NAME. 3.3 STREET ADDRESS. 3.4 CITY-ST-ZIP.

[] DELETE

4.1 TITLE [] Change [] Addition. 4.2 NAME. 4.3 STREET ADDRESS: 5/17/99 90041/039 \$81.25. 4.4 CITY-ST-ZIP.

[] DELETE

5.1 TITLE [] Change [] Addition. 5.2 NAME. 5.3 STREET ADDRESS. 5.4 CITY-ST-ZIP.

[] DELETE

6.1 TITLE. 6.2 NAME. 6.3 STREET ADDRESS. 6.4 CITY-ST-ZIP.

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date: 1/04/00 Daytime Phone #: 786-525-3131

CR2E034 (11/98)