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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90163 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT #98000065559

1. Corporation Name

CUBAN CIGAR TECHNOLOGIES, INC.

Principal Place of Business

N.W. 13TH TERRACE
FL 33172

Mailing Address

8775-B N.W. 13TH TERRACE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1998

4. FEI Number

65-0854373

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8357 West Flagler Street

Suite, Apt. #, etc.

22 Suite 123

City & State

23 Miami, FL 33144

Zip

24 33144

Country

25 USA

2a. Mailing Address

26 8357 West Flagler Street

Suite, Apt. #, etc.

27 Suite 123

City & State

28 Miami, FL 33144

Zip

29 33144

Country

30 USA

9. Name and Address of Current Registered Agent

Ana H. Barreiro
8357 West Flagler St.
#123
Miami, FL 33144

81 Name

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

83

84 City

Miami

85

Zip Code

FL

33144

10. Name and Address of New Registered Agent

Ana H. Barreiro
8357 W. Flagler St.
#123
Miami, FL 33144

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

Ana H. Barreiro

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BARREIRO, ARMANDO JR

STREET ADDRESS 8025 S.W. 4TH

CITY-ST-ZIP MIAMI FL 33144

TITLE D ☐ DELETE

NAME BARREIRO, ARMANDO SR

STREET ADDRESS 8027 S.W. 4TH

CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-1999

Date

(305)267-8448

Daytime Phone #

CR2E034 (11/98)