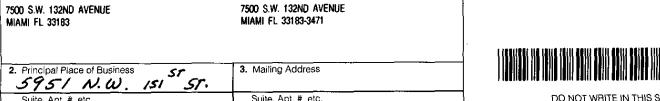
## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000035135** 1. Entity Name A.B. CIGARETTE DISTRIBUTORS, INC.

May 16, 2000 8:00 am Secretary of State 05-16-2000 90016 031 \*\*\*150.00



Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE Applied For 4. FEI Number City & State City & State 65-0911335 Not Applicable MIAMI Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3301X 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name حۇسى رايونىيە -BALDOQUIN, RAFAEL A Street Address (P.O. Box Number is Not Acceptable) Suite 35 7500 S.W. 132ND AVENUE **MIAMI FL 33183** Zip Code 330 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. TACE INOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PSD** Channe Addition CR2E034 (9/99 ☐ Delete TITLE BALDOQUIN, RAFAEL A NAME NAME 7500 S.W. 132ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** Addition ☐ Delete Change TITLE TITLE ALVAREZ, MANUEL J NAME NAME STREET ADDRESS 7500 S.W. 132ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that I am an officer or director 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 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 of the corporation or the receiver or trustee ampowered to execute this report as changed, or on an attachment with an add ess with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF