

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S09129 (5)**

1. Corporation Name
FUENTE & NEWMAN PREMIUM CIGARS LIMITED, INC.



Principal Place of Business: **PO BOX 2030 TAMPA FL 33601**
Mailing Address: **PO BOX 2030 TAMPA FL 33601**

3. Date Incorporated or Qualified: **10/26/1990**
3a. Date of Last Report: **03/06/1995**
4. FEI Number: **59-3036870**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHARP, WILLIAM M.
SUITE 255, TWO URBAN CENTRE
4890 W. KENNEDY BLVD.
TAMPA FL 33609**

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 607.0508, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of Registered Agent (print name of registered agent) Signature of Registered Agent (print name of registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FUENTE, CARLOS P.	1.2 NAME	
STREET ADDRESS	ZONA FRANCA	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SANTIAGO, DOMINIC REP	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FUENTE, CARLOS A.	2.2 NAME	
STREET ADDRESS	ZONA FRANCA	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SANTIAGO, DOMINIC REP	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D NEWMAN, ERIC M	3.2 NAME	
STREET ADDRESS	2701 16TH STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D NEWMAN, ROBERT N.	4.2 NAME	
STREET ADDRESS	2701 16TH STREET	4.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D NEWMAN, STANFORD J.	5.2 NAME	
STREET ADDRESS	2701 16TH STREET	5.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SHARP, WILLIAM M.	6.2 NAME	
STREET ADDRESS	4890 W. KENNEDY BLVD. #255	6.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Newman

4/16/96

18132482124

CR2E034 (12/95)