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**Feb 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S09129 (5)
1. Corporation Name
FUENTE & NEWMAN PREMIUM CIGARS LIMITED, INC.



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

3. Date Incorporated or Qualified **10/26/1990** 3a. Date of Last Report **01/26/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3036870	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	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)	4830 W. KENNEDY Blvd.
		83	Suite 745
		84 City	TAMPA, FL
		85 Zip Code	33609

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 and acquainted with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTE, CARLOS P.	1.2 NAME	
STREET ADDRESS	ZONA FRANCA	1.3 STREET ADDRESS	
CITY - ST - ZIP	SANTIAGO, DOMINIC REP	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTE, CARLOS A.	2.2 NAME	
STREET ADDRESS	ZONA FRANCA	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANTIAGO, DOMINIC REP	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, ERIC M	3.2 NAME	
STREET ADDRESS	2701 16TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, ROBERT N	4.2 NAME	NEWMAN, ROBERT C.
STREET ADDRESS	2701 16TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, STANFORD J.	5.2 NAME	
STREET ADDRESS	2701 16TH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, WILLIAM M.	6.2 NAME	
STREET ADDRESS	4890 W. KENNEDY BLVD. #255	6.3 STREET ADDRESS	4830 W. KENNEDY Blvd. Suite 745
CITY - ST - ZIP	TAMPA FL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____ DATE: **2/17/97** DAYTIME PHONE #: **8132482124**

CR2E034 (9/96)