

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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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**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	<b>59-3036870</b>	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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) <b>4830 W. KENNEDY Blvd.</b>		
				83	<b>Suite 745</b>		
				84	City	85	Zip Code
					<b>TAMPA</b>	<b>FL</b>	<b>33609</b>

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