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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V24835

(3)

MARYNELA CIGAR CORPORATION

FILED Jan 21 1997 8:00am Secretary of State

i incipari a	ce of Business	Mailing Address				- 1 10011 0/1011 1/1017 0/1001 (0/101 1/101 1/101	MIMIL MESEL MI	Mat Millin Armit	
831 LINCOLN		B31 LINCOLN ROAD							
MIAMI BEACH		MIAMI BEACH FL 33139-2	815						
						3. Date Incorporated or Qualified 03/30/1992		ite of Last R	Report
2. Principa: I	Place of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21		26				65-0324544			ot Applicable
Suite, Apt		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zıp	Country	Zip	\vdash	untry		8. This corporation has liability for			. 1 9 9.032,
4	25	29	30	·		7 1511515		No	
	g, Name and Address of Curre	nt Registered Agent		041		10. Name and Address of New Re	platered /	Agent	
PER	RDOMO, ORLANDO			81 1	łame		1		
	15 MUTINY AVENUE			82 5	treet Addre	ss (P.O. Box Number is Not Acceptate	ole)		
MIA	AMI BEACH FL 33141			83					
				63					
				B4 (City		FL	85 Zip	Code
44 5		00				pration submits this statement for the p			1
office or agent i	rregistered agent, or both, in the Stat am familiar with, and accept the obliq	e of Florida Such change was gations of Section 607.0505, F	authorize Iorida Sta	d by th tutes.	e corporation	on's board of directors. I hereby accep	ot the app	ointment as	registered
SIGNATURE	Signature, typed or printed came of registered as	gent and tille if applicable (NO	TE: Registers	d Agents	ignature required	d when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
						ADDITIONA OF TAILUE TO OFFICE			
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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 phanged, or on an attachment with an address. I am an officer or directe appears in Block 12 or I

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #