

AMENDED

- 2 0 0 2 -

APPROVED AND FILED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 260237

02 APR 16 AM 11:06

1. Entity Name

DOSAL TOBACCO CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4775 N.W. 132 Street

3. Mailing Address

4775 N.W. 132 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 2

Bay 2

City & State

City & State

Opa Locka FL 33054

Opa Locka FL 33054

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-0979845

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

Corporate International Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd. #4100

City Miami

FL

Zip Code 33131

DO NOT WRITE IN THIS SPACE

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Margarita Dosal, George Dosal, Miriam Dosal, and Beatriz Bolton.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains 'DO NOT WRITE IN THIS SPACE' and a stamp with number 700005281977-1 and date -04/16/02--01019--016.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

(305) 685-2949

Date

Daytime Phone #

CR2E034B (12/01)