

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **267461** (2)  
1. Corporation Name  
**CENTRAL AMERICAN TOBACCO PRODUCTS INC**

Principal Place of Business Mailing Address  
**9520 HARDING AVE. SURFSIDE FL 33154** **9520 HARDING AVE. SURFSIDE FL 33154**

3. Date Incorporated or Qualified **02/25/1963** 3a. Date of Last Report **04/11/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21 <i>9520 Harding Ave</i>	26 <i>9520 Harding Ave.</i>	<b>59-1050138</b>	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 <i>Surfside, Fla</i>	28 <i>Surfside, Fla.</i>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 <i>33154</i>	25 <i>Dade</i>	29 <i>33154</i>	30 <i>Dade</i>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>CUBOTA, MARIA C. 9520 HARDING AVE. SURFSIDE FL 33154</b>		B1 Name			
		B2 Street Address (P.O. Box Number is Not Acceptable)			
		B3			
		B4 City	<b>FL</b>	B5 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 607.0505, Florida Statutes.

SIGNATURE *Maria C. Cubota* DATE *4/27/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ BLANCO, RENE</b>	1.2 NAME	
STREET ADDRESS	<b>9520 HARDING AVE.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SURFSIDE FL</b>	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ BLANCO, MARTA</b>	2.2 NAME	
STREET ADDRESS	<b>9520 HARDING AVE.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SURFSIDE FL</b>	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUBOTA, MARIA C.</b>	3.2 NAME	
STREET ADDRESS	<b>9520 HARDING AVE.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SURFSIDE FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 110.07(3)(b), 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: *Maria C. Cubota* DATE: *4/27/95* (305) 865-0015