

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **267461** (2)

1. Corporation Name
CENTRAL AMERICAN TOBACCO PRODUCTS INC



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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **02/25/1963**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1050138**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CUBOTA, MARIA C. 9520 HARDING AVE. SURFSIDE FL 33154**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ IN THE Registered Agent's presence (or otherwise) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P PEREZ BLANCO, RENE	12 NAME	
STREET ADDRESS	9520 HARDING AVE.	13 STREET ADDRESS	
CITY-STATE-ZIP	SURFSIDE FL	14 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P PEREZ BLANCO, MARTA	22 NAME	
STREET ADDRESS	9520 HARDING AVE.	23 STREET ADDRESS	
CITY-STATE-ZIP	SURFSIDE FL	24 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST CUBOTA, MARIA C.	32 NAME	
STREET ADDRESS	9520 HARDING AVE.	33 STREET ADDRESS	
CITY-STATE-ZIP	SURFSIDE FL	34 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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 119.07(3)(k), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 305 8650015

CR2E034 (12/95)