PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED

Amended: 461.25

99 DEC 23 AM 11: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 267461

1. Corporation Name

CENTRAL AMERICAN TOBACCO PRODUCTS, INC.

Principal Plac	e of Business	Mailing Add	dress				1					
	Harding Avenue ide, F1. 33154	9520 Harding Avenue Surfside, Fl. 33154				3. Date Incorporated or Qualifed February 25, 1963						
2 Dringing of B	llege of Business	2a Mailing	Addroso				4. FEI Numb		25, IS	103	ا ا	alled For
	lace of Business	2a. Mailing	Address				1				! ! ''	olied For
21 Cuito Ant	# oto	26 Suito A					59-	<u>-10501</u>	38	· e	<u> </u>	t Applicable
Suite, Apt.		27		•••			5. Certifcate	of Status De	esired		Fee Re	dditional quired
City & Stat	18	City & S	State				6. Election C	ampaign Find d Contribution	- 1		5.00 Added to	,
23	Country	Zip Zip		Count	- T-1		+) F665
Zip		·	r a	_	ıı y		1		the current yea	ar ıntangıt '⊡		□No
24	25	29	30	<u>, 1-</u>				Property Tax	of New Registe			
	9. Name and Address of Current	Registered Ag	Jen .	B	11	Name	IV. Ranie and	u Addiess o	i New Neglate	nea văei	<u> </u>	
Mari:	a C. Cubota			ľ	Ή.							
	Harding Avenue			8	2	Street Addre	ess (P.O. Box Nu	ımber is Not	Acceptable)			
				_						÷		
Suri	side, Fl. 33154			8	3							
.				8	4	City				FL 85	Zip C	ode
√ office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	f Florida, Such	change was auth	orized b)v ti	named corpo he corporation	ration submits the state of directions and submits the state of the st	nis statemen ctors. I heret	t for the purpos by accept the a	se of chan ppointme	ging its o nt as reg	registered jistered
SIGNATURE			WIGHT D	aistand As	-ont	signature required	when rejectation)		DAT			
12	Signature, typed or printed name of registered agent OFFICERS ANI		(NOTE: Re	13.	lent.	Signature reduted		SICHANGES	TO OFFICER		RECTO	RS IN 12
12.	President		DELETE	1.1 TFTLE		· T	ADDITION	JOI MINOLO	- 10 OI HOLK		Change	Additio
	<u> </u>		Aperene									
NAME	Rene Perez Blanc		'	1.2 NAM								
STREET ADDRESS				ł		ADDRESS						
CITY-ST-ZIP	Surfside, Fl.		C per exe	1.4 CITY-		ZIP					Change	. [] Additio
TITLE	President		☐ DELETE	2.1 TITLE						LJ'	Change	
NAME	MartacPerez Blanco			2.2 NAME	E							
STREET ADORESS	9520 HardinggAvenue	2		2.3 STRE	ET A	ADDRESS						
CITY-ST-ZIP	Surfside, Fla. 331	L54	-	2. 4 CITY	-ST	- ZIP				_	.	-1 L 1 mm
TITLE	S/T		☐ DÉLETE	3.1 TITLE						Ш'	Change	☐ Additio
NAME	Maria C. Cubota			3.2 NAME	Ē	j						
STREET AODRESS	9520 Harding Avenue	•		3.3 STRE	ET/	ADDRESS						
CITY-ST-ZIP	Surfside, F1. 331	L54		3.4. CITY	-ST	-ZIP				<u></u>		
TITLE			☐ DELETE	4.1 TITLE						_	Change	☐ Additio
NAME				4. 2 NAM	E		. 4	HOOO	I O3 08 01/04/00	367	94.	5
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS		-1	01/04/00	BID	061	007 -	
CITY-ST-ZIP				4.4 CITY	ST-	ZIP		***************************************	*****61。	<u> 25*</u>	****	11.25
TITLE			☐ DELETE	5.1 TITLE							Change	☐ Addition
NAME				5.2 NAME	E							
STREET ADDRESS				5.3 STRE	ET A	ADDRESS						
CITY-ST-ZIP				5.4 CITY-	ST-	ZIP						
TITLE			☐ DELETE	6.1 TITLE				HC	7 444		Change	Addition
NAME				6.2 NAME	Ē	İ	1. FEAA	ns Jan	3 200	U		
STREET ADDRESS				6.3 STRE	ET A	ADDRESS			- Tan	م المراجع	•	
CITY-ST-ZIP				6.4 CITY-	ST-	ZIP	: 5-	The state of the s				
GITT-01-4P		11.1 694				1 1 1 2 2		7 F1-14- 24	and the same			famotion

14. I 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 informatio 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, with all other like empowered.

Sid	GN.	ΔΤΙ	JR	E
VI	914	_ ,	~	_

Corta Joseph Od PRINTED NAME OF SIGNING DEFICER OF DIRECTOR

12/22/99

(305) 865-0015