

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001679 (6)
 1. Corporation Name
CONSOLIDATED CIGAR HOLDINGS INC.



Principal Place of Business 35 E 62ND ST NY NY 10021	Mailing Address 35 E 62ND ST NY NY 10021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/02/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 13-3694743	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE SVP, CFO, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PERELMAN, RONALD O		1.2 NAME Gary R. Ellis
STREET ADDRESS 35 E 62ND ST		1.3 STREET ADDRESS 5900 North Andrews Avenue
CITY-ST-ZIP NY NY 10021		1.4 CITY-ST-ZIP Fort Lauderdale, FL 33309
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DRAPKIN, DONALD G		2.2 NAME Folz, Theo W.
STREET ADDRESS 35 E 62ND ST		2.3 STREET ADDRESS 5900 North Andrews Avenue
CITY-ST-ZIP NY NY 10021		2.4 CITY-ST-ZIP Fort Lauderdale, FL 33309
TITLE DP	<input type="checkbox"/> DELETE	3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOLZ, THEO W		3.2 NAME Perelman, Ronald O.
STREET ADDRESS 35 E 62ND ST		3.3 STREET ADDRESS 35 E. 62nd Street
CITY-ST-ZIP NY NY 10021		3.4 CITY-ST-ZIP New York, NY 10021
TITLE CEO	<input type="checkbox"/> DELETE	4.1 TITLE
NAME FOLZ, THEO W		4.2 NAME
STREET ADDRESS 35 E 62ND ST		4.3 STREET ADDRESS
CITY-ST-ZIP NY NY 10021		4.4 CITY-ST-ZIP
TITLE DC	<input type="checkbox"/> DELETE	5.1 TITLE
NAME GITTIS, HOWARD		5.2 NAME
STREET ADDRESS 35 E 62ND ST		5.3 STREET ADDRESS
CITY-ST-ZIP NY NY 10021		5.4 CITY-ST-ZIP
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE
NAME IACocca, LEE A		6.2 NAME
STREET ADDRESS 35 E 62ND ST		6.3 STREET ADDRESS
CITY-ST-ZIP NY NY 10021		6.4 CITY-ST-ZIP

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 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 _____

CR2E034 (10/97)