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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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1997

4. FEI Number

13-3694743

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME PERELMAN, RONALD O

STREET ADDRESS 35 E 62ND ST

CITY-ST-ZIP NY NY 10021

TITLE D ☐ DELETE

NAME DRAPKIN, DONALD G

STREET ADDRESS 35 E 62ND ST

CITY-ST-ZIP NY NY 10021

TITLE DP ☐ DELETE

NAME FOLZ, THEO W

STREET ADDRESS 35 E 62ND ST

CITY-ST-ZIP NY NY 10021

TITLE CEO ☐ DELETE

NAME FOLZ, THEO W

STREET ADDRESS 35 E 62ND ST

CITY-ST-ZIP NY NY 10021

TITLE DC ☐ DELETE

NAME GITTIS, HOWARD

STREET ADDRESS 35 E 62ND ST

CITY-ST-ZIP NY NY 10021

TITLE D ☐ DELETE

NAME IACocca, LEE A

STREET ADDRESS 35 E 62ND ST

CITY-ST-ZIP NY NY 10021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 NAME SVP, CFO, Treasurer ☐ Change ☒ Addition

1.2 NAME Gary R. Ellis

1.3 STREET ADDRESS 5900 North Andrews Avenue

1.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

2.1 NAME C ☐ Change ☒ Addition

2.2 NAME Folz, Theo W.

2.3 STREET ADDRESS 5900 North Andrews Avenue

2.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

3.1 NAME D ☒ Change ☐ Addition

3.2 NAME Perelman, Ronald O.

3.3 STREET ADDRESS 35 E. 62nd Street

3.4 CITY-ST-ZIP New York, NY 10021

4.1 NAME ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 NAME ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 NAME ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, 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

Gary R. Ellis, SVP, CFO, Treasurer

CR2E034 (10/97)