


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003853 1. Entity Name THE WORLD OF MONTECRISTO RELIEF ORGANIZATION, INC.	
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Principal Place of Business C/O ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2369	Mailing Address C/O ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2369
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0929260	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2369	Name Street Address (P.O. Box Number is Not Acceptable) City
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Name Street Address (P.O. Box Number is Not Acceptable) City	State: FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete WARGO, TOM 206 ASH COURT WEXFORD PA 15090
TITLE	D <input type="checkbox"/> Delete QUIGLEY, DANA 2670 TECUMSEH DRIVE WEST PALM BEACH FL 33409
TITLE	P <input type="checkbox"/> Delete FOLZ, THEO 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2369
TITLE	S <input type="checkbox"/> Delete ELLIS, GARY R 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2369
TITLE	P <input type="checkbox"/> Delete PARNOFIELLO, JAMES M 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2369
TITLE	D <input type="checkbox"/> Delete COLUCCI, JAMES L 10374 STONEBRIDGE BLVD. BOCA RATON FL 33498-6407

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000067676 02/27/04-80009-014 \$1.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M. Parnofello **JAMES M. PARNOFIELLO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #