

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

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000017574 (0)**  
 1. Corporation Name  
**INTERNATIONAL CIGAR CORPORATION**

Principal Place of Business 5220 NORTHWEST 72ND AVENUE. #17 MIAMI FL 33166	Mailing Address 5220 NORTHWEST 72ND AVENUE. #17 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/26/1996</b>	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number <b>65-0650126</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**9. Name and Address of Current Registered Agent**  
**DELUCA, ROBERT**  
**5220 NORTHWEST 72ND AVENUE, #17**  
**MIAMI FL 33166-2681**

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

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELUCA, ROBERT</b>	1.2 NAME	<b>ROBERT DELUCA</b>
STREET ADDRESS	<b>8751 W BROWARD BLVD STE 100</b>	1.3 STREET ADDRESS	<b>5220 NW 72 AVE. #17</b>
CITY-ST-ZIP	<b>PLANTATION FL 33324-2881</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>
TITLE	<b>VICE-PRESIDENT</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALEX ALONSO</b>	2.2 NAME	<b>JOSE DE LA OLIVA</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>5220 NW 72 AVE. #17</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>
TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALEXANDER DOMB</b>	3.2 NAME	<b>WILLIAM CALDWELL</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>756 BEACHLAND BLVD.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:** \_\_\_\_\_ **4-14-98** **205-418-431**

CR2E034 (10/97)