

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

**FILED**

**May 01 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 # P97000053430 (9)**

1. Corporation Name  
**DANJA CIGARS, INC.**



Principal Place of Business <b>2515 FILLMORE STREET HOLLYWOOD FL 33020</b>	Mailing Address <b>2515 FILLMORE STREET HOLLYWOOD FL 33020</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>6095 N.W. 167<sup>th</sup> St</b>	26 <b>6095 N.W. 167<sup>th</sup> St.</b>
Suite, Apt. #, etc. 22 <b>D-10</b>	Suite, Apt. #, etc. 27 <b>D-10</b>
City & State 23 <b>MIAMI, FL</b>	City & State 28 <b>MIAMI, FL</b>
Zip 24 <b>33015</b>	Country 25 <b>U.S.A.</b>
Zip 29 <b>33015</b>	Country 30 <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>06/25/1997</b>	
4. FEI Number <b>65-0768348</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LIDSKIN, DAVID S**  
**2515 FILLMORE STREET**  
**HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name <b>DAVID S. LIDSKIN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6095 N.W. 167<sup>th</sup> St.</b>
83 <b>D-10</b>
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33015</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 *[Signature]* **DAVID LIDSKIN, DIRECTOR** DATE

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LIDSKIN, DAVID S</b>	
STREET ADDRESS	<b>2515 FILLMORE STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>LIDSKIN, DAVID S.</b>	
13 STREET ADDRESS	<b>6095 N.W. 167<sup>th</sup> St. D-10</b>	
14 CITY-ST-ZIP	<b>MIAMI, FL 33014</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 any attachment with an address.

CR2E034 (10/97)