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

PROFIT . CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sendre B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # Cigarz & Newz Corporation Principal Place of Business Mailing Address 2805 E OAKLAND PARK Blud. *376 DO NOT WRITE IN THIS SPACE Ft. launeroale, FL 33306 3. Date incorporated or Qualified 2a. Malling Address Applied For 2. Principal Place of Business No! Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc. 8.75 Additional 5. Certificate of Status Desired Fee Required Cily & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation owas or has paid the current year Intangible Personal Property Tax due June 30. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Jeff OlwerAN Street Address (P.O. Box Number is Not Acceptable) 3850 GAH OCEAN Dr. # 706 Ft. laudevoale, FL 33308 City 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 typod or printed name of registered agent and title it applicable CR2E024 (10/97) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. President, Treasurer DELETE Change TITLE 1 1 TITLE Jeff Olwecan 1.2 NAME NAME 3850 GAH OCEAN Dr. #706 1.3 STRELL ADDRESS STREET ADDRESS Fr. laudernale, Fl 33308 1.4 CITY-ST-2IP CHY-ST-ZIP ☐ Change Addition Secretary, Nicole Leigh 2 1 1/fLE TITLE 2.2 NAME MALAE 215 NE 2300 ST. MW309 2.3 STREET ADDRESS STREET ADDRESS Wilton MANORS, FL 2 4 CITY-ST-ZIP Change Addition HHE 3.1 TITLE . NAME 3 2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 8 4 CITY-ST-ZIP DELETI ☐ Addition TITLE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CRY-ST-ZIP 4.4 CHY-ST-ZIP DELETE TITLE 5 1 PINE NAME S 2 WANT STREET ADDRESS 5.9 STREET ADDRESS CHY-ST-MP 54 CHY-ST- 2P FITLE DELETE 6 1 711 F -04/13/98--01057-

14. Thereby 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 Bipph 13 if ghanged, or on an attachment with an address. 13 if ghanged, or on an attachment with an address,

6.2 NAME

6.3 STRFET ADDRESS

-5-98

NAME

STREET ADDRESS

954-254-3057

***150.00

FILED

Apr 13 1998 8:00am