

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000027997**
1. Corporation Name
ZALDIVA CIGARZ, INC.

Principal Place of Business
2805 E. Oakland Park Blvd.
***376**
Ft. Lauderdale, FL 33306

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
4. FEI Number 65-0657582	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	

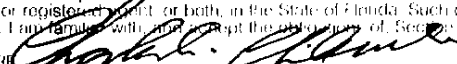
9. Name and Address of Current Registered Agent

Charles C. Chillingworth
Chillingworth & Conway PA
2090 Palm Beach Lakes Blvd
Suite 800
West Palm Beach, FL 33409

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.01001 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 provisions of Section 607.01005, Florida Statutes.

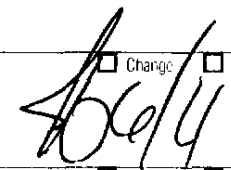
SIGNATURE: 

Signature of person or persons authorized to accept service of process on behalf of the corporation

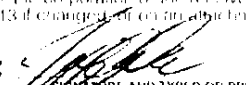
(If the Registered Agent's signature appears on the statement, the signature of the person or persons authorized to accept service of process on behalf of the corporation is not required)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	President, Director ☐ DELETE
NAME	Robert L. Lees
STREET ADDRESS	110 WOOD LAKE
CITY - ST - ZIP	Delray Bch FL 33444
TITLE	Treasurer, Director ☐ DELETE
NAME	Jeffrey A. Olwean
STREET ADDRESS	3850 GALT OCEAN DR. #706
CITY - ST - ZIP	Ft LAUDERDALE, FL 33308
TITLE	Director ☐ DELETE
NAME	Charles C. Chillingworth
STREET ADDRESS	2092 Palm Bch Lakes Blvd. ste.800
CITY - ST - ZIP	W.Palm Beach, FL 33409
TITLE	Secretary ☐ DELETE
NAME	Kris L. Leal
STREET ADDRESS	2090 Palm Beach Lakes Blvd ste 800
CITY - ST - ZIP	W.Palm Beach, FL 33409
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	900002550469
23 STREET ADDRESS	-06/08/98--01018--027
24 CITY - ST - ZIP	***150.00
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ 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 off or in an amendment with an address.

SIGNATURE:  **Jeff Olwean**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-98 **954-786-0803**
DATE DAYTIME PHONE #

CR2E034 (10/97)