

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

000482

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90009 011 ***150.00

DOCUMENT # F97000001679

1. Corporation Name

CONSOLIDATED CIGAR HOLDINGS INC.



Principal Place of Business

Mailing Address

35 E 62ND ST
NY NY 10021

35 E 62ND ST
NY NY 10021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1997

4. FEI Number

13-3694743

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5900 North Andrews Ave

Suite, Apt. #, etc.

22

City & State

23 Fort Lauderdale FL

Zip Country

24 33309

25

2a. Mailing Address

26 5900 North Andrews Ave

Suite, Apt. #, etc.

27

City & State

28 Fort Lauderdale FL

Zip Country

29 33309

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERELMAN, RONALD O	
STREET ADDRESS	35 E 62ND ST	
CITY-ST-ZIP	NY NY 10021	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DRAPKIN, DONALD G	
STREET ADDRESS	35 E 62ND ST	
CITY-ST-ZIP	NY NY 10021	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	FOLZ, THEO W	
STREET ADDRESS	5900 NORTH ANDREWS AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	FOLZ, THEO W	
STREET ADDRESS	35 E 62ND ST	
CITY-ST-ZIP	NY NY 10021	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	GITTIS, HOWARD	
STREET ADDRESS	35 E 62ND ST	
CITY-ST-ZIP	NY NY 10021	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IACocca, LEE A	
STREET ADDRESS	35 E 62ND ST	
CITY-ST-ZIP	NY NY 10021	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gary R. Ellis	
1.3 STREET ADDRESS	5900 North Andrews Ave	
1.4 CITY-ST-ZIP	FL. Lauderdale, FL 33309	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James M. Parnofiello	
2.3 STREET ADDRESS	5900 North Andrews Ave.	
2.4 CITY-ST-ZIP	FL. Lauderdale, FL 33309	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

Daytime Phone #

CR2E034 (11/98)