

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

FILED
Apr 27 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 270089 (6)
1. Corporation Name
GRADIAZ, ANNIS & CO., INC.

| | |
|--|--|
| Principal Place of Business C/O CULBRO CORPORATION 387 PARK AVE. SOUTH NEW YORK NY 10016-5899 | Mailing Address C/O CULBRO CORPORATION 387 PARK AVE. SOUTH NEW YORK NY 10016-5899 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 c/o General Cigar Holdings, Inc. Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 c/o General Cigar Holdings, Inc. Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 05/20/1963 4. FEI Number 13-2569062 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|---|--|--|--|--|--|

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 registrant agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | CULLMAN, EDGAR M. JR. | | | 1.2 NAME | | | |
| STREET ADDRESS | 387 PARK AVE. SOUTH | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | DP | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | MCHAMARA, AUSTIN T | | | 2.2 NAME | | | |
| STREET ADDRESS | 320 WEST NEWBERRY ROAD | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BLOOMFIELD CT 06002-1398 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | WOLLEN, A. ROSS | | | 3.2 NAME | | | |
| STREET ADDRESS | 387 PARK AVE. SOUTH | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | VP | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | KRAJEWSKI, JANET A. | | | 4.2 NAME | | | |
| STREET ADDRESS | 387 PARK AVENUE, SOUTH | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | LOFTUS, ROBERT | | | 5.2 NAME | | | |
| STREET ADDRESS | 320 WEST NEWBERRY RD | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BLOOMFIELD CT 08 | | | 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: Janet A. Krajewski 2/12/98 212-448-3800

CR2E034 (10/97)