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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90013 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 270089 (6)

1. Corporation Name

GRADIAZ ANNIS & CO., INC.

Principal Place of Business

Mailing Address

c/o General Cigar Holdings
387 Park Avenue South
New York, NY 10016

c/o General Cigar Holdings
387 Park Avenue South
New York, NY 10016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20 1963

4. FEI Number

13-2569062

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CULLMAN, EDGAR M. JR.
STREET ADDRESS 387 PARK AVE. SOUTH
CITY-ST-ZIP NEW YORK, NY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP ☒ DELETE
NAME MCNAMARA, AUSTIN T.
STREET ADDRESS 320 WEST NEWBERRY ROAD
CITY-ST-ZIP BLOOMFIELD, CT 06002-1398

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME WOLLEN, A. ROSS
STREET ADDRESS 387 PARK AVE SOUTH
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME KRAJEWSKI, JANET A.
STREET ADDRESS 387 PARK AVE SOUTH
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME LOFTUS, ROBERT
STREET ADDRESS 320 WEST NEWBERRY ROAD
CITY-ST-ZIP BLOOMFIELD CT

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 55 GRIFFIN ROAD SOUTH
5.4 CITY-ST-ZIP BLOOMFIELD, CT 06002

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Janet A. Krajewski 4/1/99 212-448-3800

Date

Daytime Phone #

CR2E034 (11/98)