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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

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KAUFFN	MAN CIGARETT	E SERVICE.	INC.								
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Principal Place	e of Business	(A)(196)	Mailing A	ddress			1 101/10 113/1/101				
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MIAMI FL 3316			MIAMITE	33109		and the same of the same	DC	NOT WRITE IN THIS	SPACE		
		4-1-5					3. Date incorporated of	or Qualifed			
·			1 2				03/06/1964 4. FEI Number			lind For	
— `,	lace of Business		<del>⊢-</del> -	ig Address			59-1037383		<u> </u>	Applicable	17 17 18 18
Suite, Apt.	#. etc.	ALLESE	26 Suite	Apt. #, etc.		4-1-1		B-ind D	\$8.75 A		216
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23	1.235%高级区		28		Pig.		Trust Fund Contrib	ution表示系統是一個語言	Added to	Fees	
Zip -	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	untry (	Zip	3	Country	THE STATE OF	8. This corporation of Personal Property			□No I	
24	9. Name and A	ddress of Curre	29 nt Registered		<u>v </u>	<del></del>	10. Name and Addres				
·					81	Name					
KAL	JFFMAN, MEIER I	H. Sandros	940		82	Street Addre	ss (P.O. Box Number is I	Not Acceptable)			
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11. Pursuant	to the provisions of	Sections 507.050	02 and 607.150	8, Florida Statutes	the abov	e-named corpo	ration submits this staten	nent for the purpose of	changing its	registered~	<del></del> -
office or r	egistered agent, or m familiar with, and	both, in the State	of Florida: Suc	ch change was auti on 607,0505. Florid	horized by	the corporation	ration submits this staten y's board of directors. I he	ereby accept the appoi	intment as reg	istered	
SIGNATURE	realission with all u	To oblige						·		<u> </u>	
	Signature, typed or printed		ent and title if applica	ble. (NOTE: R	tegistered Age	nt signature required	when reinstating)	DATE			
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MLE	DD	OFFICERS AF	ND DIRECTOR		13.		ADDITIONS/CHANG	GES TO OFFICERS AN	ND DIRECTO	RS IN 12	11/98
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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 opan attachment with an address, with all other like empowered.

35)652-2840