

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

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Jan 20 1998 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 462693 (3)
1. Corporation Name
SMOKERS' WORLD, INC.



Principal Place of Business
20097 BISCAYNE BLVD.
NO MIAMI BCH FL 33180

Mailing Address
20097 BISCAYNE BLVD.
NO MIAMI BCH FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 20097 BISCAYNE BLVD.
Suite, Apt. #, etc.
22 AVENTURA FL.
City & State
23 33180 U.S.
Zip Country
24 25

2a. Mailing Address
26 20097 BISCAYNE BLVD
Suite, Apt. #, etc.
27 AVENTURA FL.
City & State
28 33180 U.S.
Zip Country
29 30

3. Date Incorporated or Qualified
10/04/1974

4. FEI Number
59-1555014

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

8. Name and Address of Current Registered Agent

FABER, ROBIN ESQ.
6780 CORAL WAY
3500 N STATE RD #7/SUITE 333
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
MARTIN GOLDEN
82 Street Address (P.O. Box Number is Not Acceptable)
19855 N.W. 10th ST.
83 "PRESERVE ESTATES"
84 City
PEMBROKE PINES FL 85 Zip Code
33029

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
MARTIN GOLDEN
Signature, typed or printed name of registered agent and title if applicable

2/12/98
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PD	GOLDEN, MARTIN I.	19855 NW 10TH STREET PENBROKE PINES FL	<input type="checkbox"/>
	VD	GOLDEN, ARLENE	19855 NW 10TH ST PEMBROKE PINES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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
Martin Golden PRES

1/13/98

CR2E034 (10/97)