

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT #** F97000001048  
1. Corporation Name

VILLAZON & COMPANY, INC.

Principal Place of Business Mailing Address  
3104 NORTH ARMENIA AVE c/o GENERAL CIGAR HOLDINGS  
TAMPA, FL 33607 387 PARK AVE SOUTH  
NEW YORK, NY 10016-8899

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90013 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13 1997

4. FEI Number  
22-3487752

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**

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 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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANEZA, FRANK	1.2 NAME	
STREET ADDRESS	3104 NORTH ARMENIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAJEWSKI, JANET	2.2 NAME	
STREET ADDRESS	387 PARK AVE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10016	2.4 CITY-ST-ZIP	
TITLE	CHAIRMAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENTHAL, DAN	3.2 NAME	
STREET ADDRESS	25 PARK WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	UPPER SADDLE RIVER, NJ 07458	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLMAN, EDGAR M.	4.2 NAME	
STREET ADDRESS	387 PARK AVE SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10016	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLLEN, A. ROSS	5.2 NAME	
STREET ADDRESS	387 PARK AVE SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10016	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

CR2E034 (11/98)