

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J30508** (2)

1. Corporation Name  
**NEW CIGAR CITY, INC.**



Principal Place of Business: **6408 HILLSBOROUGH 2021 E. 7TH AVENUE TAMPA FL 33610 US**  
Mailing Address: **6804 HILLSBOROUGH AVE 2021 E. 7TH AVENUE TAMPA FL 33610 US**

3. Date Incorporated or Qualified: **08/26/1986**  
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business: **21 6804 E. HILLSBOROUGH**  
2a. Mailing Address: **26 6804 E. HILLSBOROUGH**  
22. Suite, Apt. #, etc.  
23. City & State: **TAMPA FL**  
24. Zip: **33610**  
25. Country: **HILLSBORO**  
27. Suite, Apt. #, etc.  
28. City & State: **TAMPA FL**  
29. Zip: **33610**  
30. Country: **HILLSBORO**

4. FEI Number: **59-2701911**  
Applied For:  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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**GARCIA, ALFONSO  
2004 DURHAM STREET  
2004 DURHAM ST  
TAMPA FL 33605**

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: *Alfonso Garcia*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nonstatutory) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>CAPITANO, JOSEPH</b>	
STREET ADDRESS	<b>2004 DURHAM STREET</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, ALFONSO</b>	
STREET ADDRESS	<b>2004 DURHAM STREET</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Alfonso Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)