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 # P9600010079

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Principal Place of Business	Mailing Address	
2950 NW 74TH AVE MIAMI FL 33122 US	2950 NW 74TH AVE Miami FL 33122 US	

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90189 024 ***150.00

PRESTIG	ie Cigars, Inc.						
Principal Place	e of Business	Mailing Address				1 1005:1002 III 19110 BEINE BAIN BONN GONN GONN HOUR BONN GONN HOUR AND NEW CONTRACTOR	11
2950 NW 74TH MIAMI FL 33122	2950 NW 74TH AVE MIAMI FL 33122						
US		US				DO NOT WRITE IN THIS SPACE	
						Date Incorporated or Qualifed 02/01/1996	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	-
21		26				65-0637777 Not Applicab	<u>le</u>
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	_
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Cou 30	ntry		8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Currer	t Registered Agent	,			10. Name and Address of New Registered Agent	
				81	Name	•	- 1
	DEN BROECK, HERMAN			82	Street Add	Idress (P.O. Box Number is Not Acceptable)	⊣
555 NE 15TH STREET Suite 934				-	O II GOL Mac	Miles (i. i.e. pay trained) is tract table passey.]
				83			Ì
MAIM	AI FL 33132			84	City	85 Zip Code	
				04	City	FL * 2 5 5 5 5 5 5 5 5 5	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thonzed	i by	the corporat	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	_						ı
	Signature, typed or printed name of registered ager			Agen	t signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		ID DIRECTORS	13.	n c		Change Addit	ion
TITLE	D	Detere	1				
NAME	VAN DEN BROECK, HERMAN		1.2 NA				
STREET ADDRESS	555 NE 15TH ST, SUITE 934				ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132	□ DELETE	1.4 CF 2.1 TF	_	i-ZIP	☐ Change ☐ Addii	tion
TITLE		C) petere	2.1 II		į		- }
NAME							
STREET ADDRESS			,		ADDRESS	I. A	
CITY-ST-ZIP		DELETE	2. 4 Ci		1-212	☐ Change ☐ Addit	ion
TITLE		- 246616	3.2 NA				ļ
NAME					ADDRESS		ĺ
STREET ADDRESS			3.4. C				
CITY-ST-ZIP		☐ DELETE	4.1 Tr		1-217	☐ Change ☐ Addit	tion
NAME			4. 2 N			_ ,	- 1
NAME			7. 4 16	- uraL	l l		- 1

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.

☐ DELETE

☐ D€LETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZiP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:	Hernay Van An Brock "
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Change

Change

☐ Addition

☐ Addition