

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

APPROVED
AND
FILED

1997 JUN 12 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000019828 (8)

1. Corporation Name

JUAN Y RAMON CIGARS, INC.



Principal Place of Business
602 SW 77TH AVE
NORTH LAUDERDALE FL 33068

Mailing Address
602 SW 77TH AVE
NORTH LAUDERDALE FL 33068-2239

3. Date Incorporated or Qualified
03/05/1996

3a. Date of Last Report
3-3-96

4. FEI Number

☒ 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

2. Principal Place of Business

21 602 SW 77 AVE

2a. Mailing Address

26 P.O. Box 491710

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NORTH LAUDERDALE, FL

City & State

28 FORT LAUDERDALE, FL

Zip 33068

Country

25 USA

Zip

29 33349

Country

30 USA

9. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE RD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name Edwin F. Blanton

82 Street Address (P.O. Box Number is Not Acceptable)

825 Thomasville Road

83

84 City

Tallahassee

FL

85 Zip Code

32308

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 responsible for and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the individual registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

Edwin F. Blanton

DATE 6/12/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JOHN P. CALABRESE
STREET ADDRESS 6151 FERRY ROAD EAST
CITY-ST-ZIP DOYLESTOWN, PA 18901

TITLE ☐ DELETE

NAME SECRETARY / TREASURER
NAME KIM A. CALABRESE
STREET ADDRESS 6151 FERRY ROAD EAST
CITY-ST-ZIP DOYLESTOWN, PA 18901

TITLE ☐ DELETE

NAME DIRECTOR
NAME JOHN J. MARTINEZ
STREET ADDRESS 602 SW 77 AVE
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 John P. Calabrese 4/23/97 (054) 222-1211

CR2E034 (9/96)