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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 29 1998 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000019828 (8)

JUAN Y RAMON CIGARS, INC.

Principal Place of Business Mailing Address 602 SW 77TH AVE P.O. BOX 491710 NORTH LAUDERDALE FL 33068 FORT LAUDERDALE FL 33349 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0666 - 724 Applied For APPLIED FOR 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Yes 24 25 Personal Property Tax due June 30. [] No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BLANTON, EOWIN F Name 825 THOMASVILLE RD 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 84 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 Standard typed ocompled name of texisters a social steril mode able (NOTE: Bog stored Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11 TITLE ___ Addition NAME CALABRESE, JOHN P 1.2 NAME 6151 FERRY ROAD EAST STREET ADDRESS 1.3 STREET ADDRESS DOYLESTOWN PA 18901 CITY-ST-ZIP 1.4 CITY-ST-ZIP ST DELETE TITLE 21 111LE Change Addition Calabrese, Kim A NAME 2.2 NAME **6151 FERRY ROAD EAST** STREET ADDRESS 2.3 STREET ADDRESS **DOULESTOWN PA 18901** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE MARTINEZ, JOHN J NAME 3.2 NAME 602 S.W. 77TH AVE STREET ADDRESS 3.3 STREET ADDRESS NORTH LAUDERDALE FL 33068 CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 THILE

14. Thereby 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 suppliemental 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 a attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY - ST - ZIP