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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P96000027997

1. Corporation Name: ZALDIVA CIGARZ, INC.

Principal Place of Business: 2805 E. OAKLAND PARK BLVD. #376 Ft. LAUDERDALE, FL 33306

Mailing Address: " "

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc (22)	Suite, Apt #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4. FEI Number: 65-0657582 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Charles C. Chillingworth
Chillingworth & Conway PA
2090 Palm Beach Lakes Blvd
Suite 800
West Palm Beach FL 33409

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]

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

12. OFFICERS AND DIRECTORS

TITLE	President, Director	☐ DELETE
NAME	Robert L. Lees	
STREET ADDRESS	110 WOOD LANE	
CITY-ST-ZIP	Delray Bch, FL 33444	
TITLE	Treasurer, Director	☐ DELETE
NAME	Jeffrey A. Olweean	
STREET ADDRESS	3850 Galt Ocean Dr. #706	
CITY-ST-ZIP	Ft Lauderdale, FL 33308	
TITLE	Director	☐ DELETE
NAME	Charles C. Chillingworth	
STREET ADDRESS	2092 Palm Bch Lakes Blvd. Ste. 800	
CITY-ST-ZIP	W. Palm Beach, FL 33409	
TITLE	Secretary	☐ DELETE
NAME	Kris L. Leal	
STREET ADDRESS	2090 Palm Beach Lakes Blvd Ste 800	
CITY-ST-ZIP	W. Palm Beach, FL 33409	
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	900002550469	
2.3 STREET ADDRESS	-06/08/98--01018--027	
2.4 CITY-ST-ZIP	***150.00	
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	6/4	
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		

CR2E034 (10/97)

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.

SIGNATURE: [signature] Jeff Olweean 4-8-98 954-786-0803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #