

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90278 023 \*\*\*150.00

DOCUMENT # P96000028160

1. Corporation Name

THE CIGAR CONNECTION, INC.

Principal Place of Business

534 LINCOLN RD  
MIAMI BEACH FL 33139  
US

Mailing Address

2500 NW 79 AVE  
SUITE 207  
MIAMI FL 33122-1071  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

65-0658147

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CONE, PERRY I.  
2500 N.W. 79TH AVENUE  
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

DARIAS, BARBARA

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

2500 NW. 79th Avenue

83

84 City

Miami

FL

85 Zip Code

33122

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

BARBARA DARIAS

4/5/99

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 ☐ DELETE

NAME  
DP  
ALVAREZ, JOSE M  
STREET ADDRESS  
2500 NW 79TH AVE  
CITY-ST-ZIP  
MIAMI FL 33122

TITLE ☐ DELETE

NAME  
DT  
FERNANDEZ, SERGIO R  
STREET ADDRESS  
2500 NW 79 AVE  
CITY-ST-ZIP  
MIAMI FL 33122

TITLE ☒ DELETE

NAME  
S  
CONE, PERRY I  
STREET ADDRESS  
2500 NW 79TH AVE  
CITY-ST-ZIP  
MIAMI FL 33122

TITLE ☐ DELETE

NAME  
VP  
PEREZ, ROSARIO  
STREET ADDRESS  
2500 NW 79TH AVE  
CITY-ST-ZIP  
MIAMI FL 33122

TITLE ☐ DELETE

NAME  
VP  
ALVAREZ, DAVID M.  
STREET ADDRESS  
2500 NW 79TH AVE  
CITY-ST-ZIP  
MIAMI FL 33122

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  
DTAS  
Fernandez, Sergio  
2500 N.W. 79th Avenue  
2.3 STREET ADDRESS  
Miami, FL 33122

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
S  
PADRON, CARLOS  
338 Minorca  
3.3 STREET ADDRESS  
Coral Gables, FL. 33134

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
DVP  
PEREZ, ROSARIO  
2500 NW. 79th Ave.  
4.3 STREET ADDRESS  
Miami, FL. 33122

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
DVP  
ALVAREZ, DAVID  
2500 NW. 79th Ave.  
5.3 STREET ADDRESS  
Miami, FL. 33122

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME  
VP  
MARTINEZ, RENE  
2500 NW. 79th Avenue  
6.3 STREET ADDRESS  
Miami, FL. 33122

6.4 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO FERNANDEZ, Director 4/5/99 (305) 715-0000, Ext. 3379

Date

Daytime Phone #

0178792

CD05024-141009