

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

FILED

May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000032289 (6)

1. Corporation Name:  
KEY WEST CIGAR FACTORY, INC.

Principal Place of Business  
11501 NW 16TH COURT  
PEMBROKE PINES FL 33026

Mailing Address  
11501 NW 16TH COURT  
PEMBROKE PINES FL 33026-2526



2. Principal Place of Business		2a. Mailing Address	
21	11501 NW 16TH CT	26	Same as Above
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	PEMBROKE PINES, FL 33026	27	Same as Above
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	33026	25	USA
29	33026	30	USA

3. Date Incorporated or Qualified	3a. Date of Last Report
04/09/1996	
4. FEI Number	Applied For
NOT APPLICABLE	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REZMAN, NORMAN J 11501 NW 16TH COURT PEMBROKE PINES FL 33026		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
P NORMAN J. REZMAN		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		1.1 TITLE			
STREET ADDRESS		1.2 NAME			
CITY-ST-ZIP		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
TITLE		2.1 TITLE			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		2.2 NAME			
CITY-ST-ZIP		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		3.2 NAME			
CITY-ST-ZIP		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		4.2 NAME			
CITY-ST-ZIP		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		5.2 NAME			
CITY-ST-ZIP		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		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: Norman J. Rezman 4-21-97 (954) 431-1559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)