

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
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90099 022 ***150.00

DOCUMENT # P96000050658

1. Corporation Name

KING'S TREASURE TOBACCO CO. OF KEY WEST INC.



Principal Place of Business
**9745 SUNSET DR., STE. 201
MIAMI FL 33173**

Mailing Address
**9745 SUNSET DR., STE. 201
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1996

4. FEI Number

65-0676178

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

2. Principal Place of Business

2a. Mailing Address

21 106 DUVAL ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 KEY WEST FL

24 33040 **25 USA**

29 **30**

9. Name and Address of Current Registered Agent

**HERNANDEZ, MANUEL
5750 COLLINS AVE., #10F
MIAMI BEACH FL 33140**

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, 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 **DPS
HERNANDEZ, MANUEL**
STREET ADDRESS **5750 COLLINS AVE., #10F**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE

NAME **DVT
KELLY, BONNIE**
STREET ADDRESS **5750 COLLINS AVE., #10F**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **343 Center Island Dr**
1.3 STREET ADDRESS **Golden Beach, FL 33160**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **343 Center Island Dr**
2.3 STREET ADDRESS **Golden Beach, FL 33160**
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D
Hernandez, Manuel Sr.**
3.3 STREET ADDRESS **343 Center Island Dr.**
3.4 CITY-ST-ZIP **Golden Beach, FL 33160**

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 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:

Bonnie Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99
Date

888-470-4477
Daytime Phone #

CR2E034 (11/98)