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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000063593

1. Corporation Name
PERSONALIZED PREMIUM CIGAR CORP.

Principal Place of Business
2225 ARCHCREEK DR.
N. MIAMI FL 33181

Mailing Address
2225 ARCHCREEK DR.
N. MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1996

4. FEI Number
65-0685415

Applied For
Not Applicable

2. Principal Place of Business
21 905 BRICKELL BAY DR.

2a. Mailing Address
26 905 BRICKELL BAY DR.

Suite, Apt. #, etc.
22 SUITE 1030

Suite, Apt. #, etc.
27 SUITE 1030

City & State
23 MIAMI, FL

City & State
28 MIAMI, FL

Zip Country
24 33131 25

Zip Country
29 33131 30

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

MESA, NOLIS J
2225 ARCHCREEK DR.
N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
MESA, NOLIS J.
82 Street Address (P.O. Box Number is Not Acceptable)
905 BRICKELL BAY DR.
83 SUITE #1030
84 City MIAMI FL 85 Zip Code 33131

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

4/21/99

12. OFFICERS AND DIRECTORS (NOT: Registered Agent signature required when reinstating)

TITLE DP
NAME MESA, NOLIS J
STREET ADDRESS 2225 ARCHCREEK DR.
CITY-ST-ZIP N. MIAMI FL 33181

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MESA, NOLIS J Change Addition
1.2 NAME
1.3 STREET ADDRESS 905 BRICKELL BAY DR.
1.4 CITY-ST-ZIP SUITE #1030 MIAMI, FL 33131

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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:

4/21/99

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

CR2E034 (1/98)

068710