FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 SEP -9 AM 9: 20 **DOCUMENT #** P96000070581 (9) SECRETARY OF STATE
TALLAHASSEE, FLORIDA CIGARS, ETC. INC. Principal Place of Business Mailing Address 25032 US HWY 19 N CLEARWATER FL 34623 25032 US HWY 19 N CLEARWATER FL 34623 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3395765 21 Not Applicable Suite Apt #. etc. Suite Ant # etc \$8.75 Additional 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zin Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **DATES, GARAT** 1200 BOCA CIEGA ISLE DR Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33706 84 City 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 racgistered agent and title Jappsicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELF 1E Change Addition 11100 TITLE NAME SALAZAR, ALBERT 1.2 NAME 7000026**39067--**109714798-01144-021 4309 STEED TERR STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL ****150**.0**0 City - \$1 - 701 1.4 CITY-ST-ZIP DELETE TITLE 21 1011 OATES, GARAT NAME 2.2 NAME 1200 BOCA CIEGA ISLE STREET ADDRESS 2 3 STREET ADDRESS ST PETE FL CITY-ST-1 2 4 COY - S1 - ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 210 3.4. CITY-ST-2IP DELETE Change Addition TITLE 4.1 THUE NAMI 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-51-7IP 4.4 CHY-ST-ZIP DELETE Addition Change NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE 1000 613111 NAMī 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CRY - 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 corpor Block 12 or Block 13 if change

SIGNATURI

FAMOUS CIGARS

"The Total Cigar Experience"

25032 U.S. 19 North Clearwater, FL 33763 Phone: 813.796,2442 Facsimile: 813.799.9347

Dear Ms. Sellers;

This letter is in regard to Reference #P97000004184 Famous Cigars, Inc. and #P96000070581 Cigars Etc.

These documents for filing were not received until well after May 1st. They were sent out immediately upon my receiving them. Please find my checks and papers included for your review.

Thank you again for your understanding and your time if you have any questions please feel free to call or write and I will respond immediately.

With Sincere Thanks;

Albert Salazar