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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11 1998 8:00am Secretary of State

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DOCUMENT 1. Corporation Name	#	P9	600	000	755	87	(1)

Principal Place of Business Mailing Address 220 71ST SUITE 207 MIAMI BEACH FL 33141 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1996 2. Principal Place of Business US 2. Principal Place of Business 3. Date Incorporated or Qualified 09/11/1996 4. FEI Number 65-0692586 Suite, Apt. #, etc. 2. City & Stato Suite, Apt. #, etc. 3. Date Incorporated or Qualified 09/11/1996 4. FEI Number 65-0692586 Suite Of Status Desired Status Desired Fee Required 6. Election Campaign Financing Frue Fund Contribution Contri	1. Corporation	Name " P90000 STA CIGARS, INC.	0/338/ (1)					
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2. Principal Place of Rupmers Applied For Applied For	00		00		1			
SURIO, ADR. #, OLC. 2 0 7 27 27 27 27 27 27 2	2. Principal P	lace of Business	2a. Mailing Address , 14			Applied For		
City & State City & State City	1 220	7139 84	26 220 7/		65-0692586	Not Applicable		
23 M	12	20/			5. Certificate of Status Desired			
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 85	City & State	MI BEACH PL	a 1 AA / A AA / ////	ALH PIA.				
### AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 ### City FL 85 Z/p Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	3214/	′ ⊢ → 1 \ /I	7027/4/	Country CA	1			
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343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	A 5 41		negistered Agent	81 Name	ID. Hallo and Addition of Hoth Hogistories	. Agom		
CORAL GABLES FL 33134 B8 City FL 88 Zrp Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, to minima with, and accept the chipidens of Sections 607 0505 florids Statutos. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the chipidens of Section 607 0505. Florids Statutos. The report of directors. I hereby accept the appointment as registered agent to make a complete or protect varies of tray should apply a molificial in injuriable. POT DELETE 13 TITLE DATE 12. OF FICE BIS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE DIRECTORS IN 12. THE PROPERTY AND INSTITUTE DIRECTO					(0.0.0.1)			
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The Provisions of Sections 607 0502 and 607 1508, Florida Statutos, the above-named corporation submits this attatement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutos, the above-named 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 To rice is AND DIRECTORS TIME PTD DELETE 1: TIM	001	THE CARDLES I E SO 104		83				
The Provisions of Sections 607 0502 and 607 1508, Florida Statutos, the above-named corporation submits this attatement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutos, the above-named 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 To rice is AND DIRECTORS TIME PTD DELETE 1: TIM				84 City		85 Zio Code		
SIGNATURE CHANGE				,		 ¯		
SIGNATURE CHANGE	11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	' and 607.1508, Florida Statutes, t of Florida, Such change was autho	he above-named corp orized by the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered pointment as registered		
NOTE Project Signature, lipsed for processor page and any presented agreet amount since alregal-above (NOTE Registered Appert signature record when retriction() DATE		m tamiliar with, and accept the obliga	tions of, Section 607.0505, Florida	i Statutes.				
TITLE	SIGNATURE	Signature, typed or printed name of registered agree	it and title if applicable (NOTE Bog	distered Agent signature require	ed when reinstating) DATE			
NAME HORBERG, JAY L 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 15 CITY-ST-ZIP 16 CITY-ST-ZIP 17 CITY-ST-ZIP 17 CITY-ST-ZIP 17 CITY-ST-ZIP 17 CITY-ST-ZIP 18 CITY-ST-ZIP 1	12.			13.	ADDITIONS/CHANGES TO OFFICERS AN			
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MIAMI BEACH FL								
TITLE		•						
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CITY-ST-ZIP 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 armual 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 changes, or on an attachment with an address.

CIGNATURE: Amy Intera

CR2E034 (10/97