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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087803 (8)

HAVANA CIGAR MANUFACTURING COMPANY, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

229 N.W. 32ND PLACE MIAMI FL 33125

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

229 N.W. 32ND PLACE MIAMI FL 33125 FILED Jan 28 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

**\$5.00** May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 10/21/1996

65-0706418

5. Certificate of Status Desired

6. Election Campaign Financing
Trust Fund Contribution

4. FEI Number

Zip		Country	Zip		Countr	У		8. This corporation owes or has paid the current year Intangible				
24 25		25	29 30					Personal Property Tax due June 30. Yes No				
	g, Name	and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent						
JATIB, ELIAS A							Name					
229 N.W. 32ND PLACE						!!! 5	Ctroot Addroo	s (P.O. Box Number is Not Acce	untohio)			
MIAMI FL 33125							olieel Addres	S (F.O. BOX NUMBER IS NOT ACCE	eptable)			
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					84		<u> </u>			T 1		
							City		FL	<b>85</b>   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.	Signature, typed	or printed name of registered age OFFICERS AN			stered Ag 13.	ent s	signature required		DATE	DIDEOTOE	20 (51 40	
TITLE	PTD	OFFICERS AN			1 TITLE			ADDITIONS/CHANGES TO C	FFICERS AND	Change	Addition	
NAME	JATIB, ELIAS A				1.2 NAME					onenge		
STREET ADDRESS	COO NIM COND DIACE			1.3 STREET ADDRESS				•		[		
CITY-ST-ZIP	MIAMI FL 33125										.	
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CITY-ST-ZIP					4 CITY - S							
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NAME				5	2 NAME					-		
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CITY-ST-ZIP				5	4 CITY-S	ST - Zi	iP					
TITLE			1 TITLE					Change	Addition			
NAME				6	2 NAME							
STREET ADDRESS				6	3 STREET	( ADD	DRESS					
CITY-ST-ZIP				- 1	4 CITY - S							
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.												