


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90010 007 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000092810**

1. Corporation Name  
**JOSE'S CIGARS, INC.**



Principal Place of Business <b>1658 BAY ROAD SUITE-502 MIAMI BEACH FL 33139</b>	Mailing Address <b>1658 BAY ROAD SUITE-502 MIAMI BEACH FL 33139</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7825 S.W. 32 TERRACE</b>		2a. Mailing Address 26 <b>7825 S.W. 32 TERRACE</b>		3. Date incorporated or Qualified <b>11/11/1996</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0714439</b>	
City & State 23 <b>MIAMI, FLORIDA</b>		City & State 28 <b>MIAMI, FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33155</b>		Country 25 <b>MIAMI-DADE</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country 29 <b>33155</b>		Country 30 <b>MIAMI-DADE</b>		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

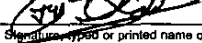
**PEREZ, JOSE V  
1658 BAY ROAD  
SUITE 502  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name <b>PEREZ, JOSE V</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7825 S.W. 32 TERRACE</b>
83
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33155</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD PEREZ, JOSE V 1658 BAY ROAD, #502 MIAMI BEACH FL 33139</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PSTD PEREZ, JOSE V 7825 S.W. 32 TERRACE MIAMI, FL. 33155</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ULLOA, PILAR 1658 BAY RD #502 MIAMI BEACH FL 33139</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VD ULLOA, PILAR 7825 S.W. 32 TERRACE MIAMI, FL. 33155</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

 **JOSE V. PEREZ** PSTD

8-4-99

305-673-0399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P96000092810  
602984-90010-7

July 27, 1999

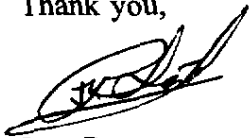
Jose's Cigars, Inc.  
7825 S.W. 32 Terrace  
Miami, FL 33155  
DOC#P96000092810

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Department of State:

Please find the enclosed payment for the 1999 Corporate Annual Filing Fee in the amount of \$150.00. Be advised that we did not receive the first notice for 1999. Therefore, we ask that you waive the \$400.00 late filing fee.

Thank you,



Jose Perez  
President