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FILED

May 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morán  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000104005 (9)

1. Corporation Name  
CLASSIC CIGARS, CORP.



Principal Place of Business  
7513 CUTLASS AVE.  
NORTH BAY VILLAGE FL 33141

Mailing Address  
7513 CUTLASS AVE.  
NORTH BAY VILLAGE FL 33141-4113

3. Date Incorporated or Qualified  
12/30/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 15835 NW 11ST  
Suite, Apt. #, etc.

26 15835 NW 11ST  
Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0716217

Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Pembroke Pines  
City & State

28 Pembroke Pines  
City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 33028  
Zip

25 USA  
Country

29 33028  
Zip

30 USA  
Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRULLON, DELIA  
C/O MICHAEL GLINSKY  
169 E. FLAGLER ST. #1518  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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-STATE-ZIP  
D  
GRULLON, DELIA  
P.O. BOX 822231  
SOUTH FLORIDA FL 33082-2231 N/A

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
GRULLON, JOSE  
P.O. BOX 822231  
SOUTH FLORIDA FL 33082-2231 N/A

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
Change Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

305.954.4418

Daytime Phone # 0003486

CR2E034 (9/96)