## 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

**FILED** May 20 1998 8:00am Secretary of State

	MEN   # P9700 B CIGARS, INC.	0010056 (4	<del>l</del> )	
Principal Place	e of Business	Mailing Address		1 1091/1001 (10 dain 1001) 401/1 801/1 801/1 801/1 801/1 801/1 801/1 801/1 801/1 801/1
3401 NE 10TH AVE.		3401 NE 10TH AVE.		
OAKLAND PARK PL 33334		OAKLAND PARK FL 33334		DO NOT WRITE IN THIS SPACE
人				3. Date Incorporated or Qualified
				01/31/1997
	lace of Business	2a. Mailing Address		4. FE Number 7 2031/7 Applied For
21 Suite, Apt	# Atc	Suite, Apt. #, etc.		Not Applicable
22	dic.	27		5. Certificate of Status Desired See Regulred Fee Regulred
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Ζip	Country	8. This corporation owes or has paid the current year Intangible
24	25 A Name and Address of Curre	29	30	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent FILINGS, INC.  81 Name				10. Reme and Address of New Registered Agent
	12 N.W. 16TH STREET		<b>50</b> 00 4	4.0
	LAUDERDALE FL 33311-4132		82 Street	Address (P.O. Box Number is Not Acceptable)
			83	
			84 City	85 Zip Code
l office or ri	e <b>diste</b> red agent, or both, in the State	e of Florida. Such change wa	as authorized by the corr	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. Fai	m familiar with, and accept the oblig	gations of, Section <b>607 0</b> 505,	Florida Statutes.	do logicio de
SIGNATURE	Signature: typed or printed name of registeric due	and and the ill words of by	NOTE Registered Agent signature	required when reinstaling) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELFTE	1 1 TITLE	Change Addition
NAME	MUSSLER, CRAIG		1 2 NAME	
STREET ADDRESS	\$401 NE 10TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33334	The state	1.4 CITY - ST - ZIP	
TITLE		DELETE	21 1/1LE	Change Addition
NAME Street address			2.2 NAME	
CITY-ST-ZIP			2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	· .
TITLE	<del></del>	DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
			3.4 CITY-S1-ZIP	
		DELETÉ.	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREFT ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change L Addition
NAME			5.1 III.E. 5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST- <i>Z</i> IP	
TITLE		DELETE	6.1 THLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP		- 1,1 (, 11 1,1 1,1 1,1 1,1 1,1 1,1 1,1 1	6.4 CITY - S1 - ZIP	
14. I nereby c	orary that the information supplied v	vith this filing does not qualify	y for the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

urate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607 Florida Statutes; and that my name appears in officer or director of the corporation or the tweever or trustee empo Block 12 or Block 13 if changed, or on an authorment with an order