## 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 Apr 21 1998 8:00am Secretary of State

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DOCUMENT #	P97000012011	<b>(7)</b>
RIG ROSS MAN CIG	ARS INC	

BIG BOSS MAN CIGARS, INC.

Principal	Place	of Business
923 NE	26TH	AVENUE
LIAILAN	DALE	EI 93000

923 NE 26TH AVENUE HALLANDALE FL 33009

Mailing Address

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5- 6753413 687 NE Not Applicable 687 21 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Miami Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent HOWARD, EUGENE J 1111 LINCOLN ROAD STE 800 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 City Zip Code 85 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE SAMUELS, BRUCE 1.2 NAME Edmond K. Nader NAME 923 NE 26TH AVENUE 1120 V. Venetian Dr 1.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 Miami Beach, FL 33139 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Chance Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental 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 trusted 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 of an an attach most within an address.

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