

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90258 044 ***150.00

DOCUMENT # P97000016158

1. Corporation Name
THE CIGAR EMPORIUM, INC.

Principal Place of Business
8834 N.W. 113TH ST.
HIALEAH GARDENS FL 33018

Mailing Address
8834 N.W. 113TH ST.
HIALEAH GARDENS FL 33018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/19/1997

4. FEI Number
65-0729237

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1960 NW 188 Ave

Suite, Apt. #, etc.

22 City & State
Pembroke Pines, FL

24 Zip
33029

Country
USA

2a. Mailing Address

26 1960 NW 188 Ave

Suite, Apt. #, etc.

27 City & State
Pembroke Pines, FL

29 Zip
33029

Country
USA

9. Name and Address of Current Registered Agent

INFANTE, JOSE M.
8834 NW 113TH ST
HIALEAH GARDENS FL 33018

10. Name and Address of New Registered Agent

81 Name
Jose M. Infante

82 Street Address (P.O. Box Number is Not Acceptable)
1960 NW 188 Ave.

83

84 City
Pembroke Pines FL

85 Zip Code
33029

11. Pursuant to the provisions of Sections 607.0502 and 607.4006, 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

Jose M. Infante

4/15/99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
INFANTE, JOSE M
8834 N.W. 113TH ST.
HIALEAH GARDENS FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P
Infante, Jose M.
1960 N.W. 188 Ave.
Pembroke Pines, FL 33029

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: Jose M. Infante 4/15/99 (954) 450-3747

CR2E034 (11/98)

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