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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000030102 (2)

DEL SOL CIGAR COMPANY

Principal Place of Business Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



3908 RYALWOOD COURT	3908 RYALWOOD COURT		
VALRICO FL 33594	VALRICO FL 33594		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
			04/02/1997
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
	26		59-393663 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
	27		Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	28 Zip	Country	
 		30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current R		, , , , , , , , , , , , , , , , , , ,	10. Name and Address of New Registered Agent
REPRODUTE COCATIONS 81 Name 1/ 1 1 D			
CORPORATE CREATIONS SI Name Kimberly Parker			
15210 AMBERILY - ORIVE SUITE 328 B2 Street Address (P.O. Box Number is Not Acceptable)			
1 00			
TAMPA FL 33847			1-1
		_	15, CO FL 85 37594
11. Pursuant to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Provida. 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.			
\mathcal{L}			
SIGNATURE Signature, hyped or printed name of regulered agent at	nd title if applicable (NOTE:	Registered Agent signature requi	red when reinstating) DATE
12. OFFICERS AND D	IRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 TITLE	Change Addition
NAME PARKER, DEREK		1.2 NAME	
STREET ADDRESS C/O 3908 RYALWOOD COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP VALRICO FL 33594		1.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	2.1 TITLE	Change Addition
NAME ATWELL, EVERETT M		2.2 NAME	
STREET ADDRESS C/O 3908 RYALWOOD COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP VALRICO FL 33594		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	Detete	3.4. CITY-ST-ZIP	Change Addition
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	T priete	4.4 CITY-ST-ZIP	Change Addition
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP	Change Addition
TITLE	☐ DELETE	6.1 TITLE	L Change L Addition
NAME .		6.2 NAME	
STREET ADDRESS		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 empowared to explute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or pn an attachment with an address.