05-24-1999 90008 021 ***150.00

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

DOCUMENT # P97000030102

1. Corporation Name

DEL SOL CIGAR COMPANY

Principal Place of Business Mailing Address					1 10011001 110 1011 10011 00111 0011	i 68 111 20 10 4 11	181 2010 1 11E	(11 SUITE 1181 188)	
3908 RYALWOOD COURT		3908 RYALWOOD COURT							
		VALRICO FL 33594		DO NOT WELL	E 181 TUD 6	ים אכר			
					DO NOT WRIT	E IN THIS S	PACE		
					04/02/1997				
		1			4. FEI Number		177	Applied For	
2. Principal Pl	ace of Business	2a. Mailing Address			1 **			Not Applicable	
21 26					59-3436031			Additional	
Suite, Apt.	#, etc. 	Suite, Apt. #, etc.		5. Certifcate of Status Desired		•	Required		
City & State		City & State		6. Election Campaign Financing		•	D May Be		
23		28			Trust Fund Contribution		Added	d to Fees	
Zip	Country Zip Co		Country	1	8. This corporation owes the curre			-d.	
24	25 29 30			Personal Property Tax. ☐ Yes 🗹 No					
Name and Address of Current Registered Agent					10. Name and Address of New Ro	gistered A	gent		
PARKER, KIMBERLY				Name					
3908 RYALWOOD CT			82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)				
VALRICO FL 33594			83						
			84	City			85 Ziç	Code	
				'		FL			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was autho	orizea by	the corporation	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of c the appoint	nanging i ment as i	ts registered registered	
SIGNATURE		and title of applicable /NOTE: Rec	intered Age	at cianatura require	id when reinstating)	DATE			
			13.						
12.			1.1 TITLE		, 135 111011011011011011011011011011011011011		Change		
NAME	PARKER, DEREK	_	1.2 NAME						
STREET ADDRESS				T ADDRESS					
			1.4 CITY-5						
CITY-ST-ZIP TITLE			2.1 TITLE	3(*Zii			☐ Change	e Addition	
NAME			2.2 NAME	}				ļ	
	a a cari, managaman managaman			T ADDRESS					
STREET ADDRESS			2.4 CITY-						
CITY-ST-ZIP TITLE	VALIGO FE 30094	☐ DELETE	3.1 TITLE	31-ZIF			Change	e Addition	
			3.2 NAME						
NAME				T ADDRESS]	
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	31-LIF			Change	e Addition	
TITLE			4.1 TILLE					_	
NAME								į	
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5	ST-ZIP			Changi	e	
TITLE			5.1 TITLE 5.2 NAME				CGrigi		
NAME			J.Z IVANE	1					

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.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

813-651-4184

Change

☐ Addition