

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**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90111 023 \*\*\*150.00

**DOCUMENT # P97000037178**

1. Corporation Name  
**LONG ASHES CIGAR, CO.**

Principal Place of Business  
**9408 SOUTH DIXIE HIGHWAY  
MIAMI FL 33156**

Mailing Address  
**9408 SOUTH DIXIE HIGHWAY  
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/24/1997**

2. Principal Place of Business	2a. Mailing Address
21 <b>9300 SOUTH DIXIE HWY</b>	26 <b>9300 SOUTH DIXIE HWY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>MIAMI, FL</b>	28 <b>MIAMI, FL</b>
Zip Country	Zip Country
24 <b>33156 USA</b>	29 <b>33156 USA</b>

4. FEI Number	Applied For
<b>65-0745305</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CONCEPCION, NANCY  
9408 SOUTH DIXIE HIGHWAY  
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
<b>9300 SOUTH DIXIE HIGHWAY</b>
83
84 City <b>MIAMI</b> <b>FL</b> 85 Zip Code <b>33156</b>

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SALO, MARTIN</b>	
STREET ADDRESS	<b>8001 S.W. 99TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SALAZAR, ILEANA</b>	
STREET ADDRESS	<b>8001 S.W. 99TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>CONCEPCION, REINALDO</b>	
STREET ADDRESS	<b>2164 S.W. 25TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CONCEPCION, NANCY</b>	
STREET ADDRESS	<b>2164 S.W. 25TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

CR2E034 (11/98)

0229237