


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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90143 001 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000054385			
1. Corporation Name FIRST CLASS CIGARS, INC.			
Principal Place of Business 9355 SW 93 PL MIAMI FL 33176		Mailing Address 9355 SW 93 PL MIAMI FL 33176	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
A Z REGISTERED AGENT 2601 S BAYSHORE DR SUITE 1600 MIAMI FL 33133		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

Mayda C. Anton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4/24/99** Daytime Phone # **607 774-2528**

CR2E034 (11/98)