

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVAL  
AND  
FILED

96 DEC 14 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000059743 (9)

1. Corporation Name

CARNIVAL CIGAR CO., INC.

Principal Place of Business

3840 YACHT CLUB DRIVE  
APT #1704  
AVENTURA FL 33180

Mailing Address

3840 YACHT CLUB DRIVE  
APT #1704  
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1997

4. FEI Number

65-0767785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

1460-N.W. 159th St.

2a. Mailing Address

1460-N.W. 159th St.

Suite, Apt. #, etc.

Suite #C

Suite, Apt. #, etc.

Suite #C

City & State

Miami FLA.

City & State

Miami FLA.

Zip

33169

Country

USA

Zip

33169

Country

USA

9. Name and Address of Current Registered Agent

HARWOOD, MARVIN  
3840 YACHT CLUB DRIVE  
APT #1704  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name Fred Rivera  
82 Street Address P.O. Box Number Is Not Acceptable  
1460-N.W. 159th Street  
83 Suite #C  
84 City Miami FL 33169

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 fee to be collected

(NOTE: Registered Agent signature required when resigning)

DATE

07/15/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARWOOD, MARVIN	
STREET ADDRESS	3840 YACHT CLUB DRIVE	
CITY-STATE-ZIP	MIAMI FL 33180	
TITLE	V/T	<input type="checkbox"/> DELETE
NAME	RIVERA, Fred	
STREET ADDRESS	1460-N.W. 159th Street STE C	
CITY-STATE-ZIP	MIAMI, FL 33169	
TITLE	C/D	<input type="checkbox"/> DELETE
NAME	ARENA, Annette	
STREET ADDRESS	1460-N.W. 159th Street STE C	
CITY-STATE-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Novo, MARIO	
1.3 STREET ADDRESS	1460-N.W. 159th Street, STE C	
1.4 CITY-STATE-ZIP	MIAMI, FL 33169	
2.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RIVERA, Fred	
2.3 STREET ADDRESS	1460-N.W. 159th Street STE C	
2.4 CITY-STATE-ZIP	MIAMI, FL 33169	
3.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ARENA, Annette	
3.3 STREET ADDRESS	1460-N.W. 159th Street STE C	
3.4 CITY-STATE-ZIP	MIAMI, FL 33169	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this report 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.

SIGNATURE:

Signature typed or printed name of signing officer or director  
Annette Arena 07/15/98 622-3197

Daytime Phone #

CR2E034 (5/98)

010

65.00



***Carnival Cigar Co., Inc.***

1460 NW 159th Street, Suite C  
Miami, Florida 33169.

Tel: (305) 622-3197

Fax: (305) 622-3163

1-800- 563-0338

**Exclusive Distributors**

**Classico Cigaros, Inc.**

Pennsylvania Building

225 West 34th Street, Suite 2101

New York, N.Y. 10122

Tel: 212-244-3323

Fax: 212-279-4016

2 of 2

July 17, 1998

Division of Corporations  
409 - East Gaines, Street  
Tallahassee, Fl 32399

VIA Mail

Dear Sirs,

To confirm our conversation of today regarding the renewal of our corporation Carnival Cigar Co., Inc. As discussed, we have filed our report on April 27, 1998, to renew our annual report (see attached) however to date we have not received the cancel check and did receive second filing report (see attached).

Per your suggestion we have submitted a 2nd request report and included our check for the original amount \$150.00 (one hundred fifty dollars). We will have a stop payment placed on the check originally sent.

Thank you for your assistance in this matter.

Sincerely,

Annette Arena, CEO  
Carnival Cigar Co., Inc.

AMA/dr

cc: Mario Novo, President

**APPLICATION FOR  
REGISTRATION OF FICTITIOUS NAME**

FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
11-13-98 0005 040 \*\*\*80.00  
698317000241

Section 1

1. PIONEER HOME REALTY  
Fictitious Name to be Registered
2. 303 N. KROME AVE  
Mailing Address of Business  
MIAMI FL 33133  
City State Zip Code
3. Florida County of principal place of business: DADE
4. FEI Number: 079-20-4247

This space for office use only

Section 2

**A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):**

1. DISKIN EVE  
Last First M.I.  
3618 BAYVIEW ROAD  
Address  
MIAMI FL 33133  
City State Zip Code  
SS# 079 20 4247
2. \_\_\_\_\_  
Last First M.I.  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code  
SS# \_\_\_\_\_

**B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):**

1. \_\_\_\_\_  
Entity Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code  
Florida Registration Number \_\_\_\_\_  
FEI Number: \_\_\_\_\_  
☐ Applied for ☐ Not Applicable
2. \_\_\_\_\_  
Entity Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code  
Florida Registration Number \_\_\_\_\_  
FEI Number: \_\_\_\_\_  
☐ Applied for ☐ Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

E. Diskin Eve 11/18/98  
Signature of Owner Date  
Phone Number: 305-444-8004 Phone Number: \_\_\_\_\_

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

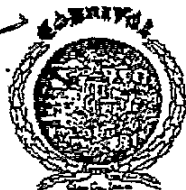
\_\_\_\_\_  
Signature of Owner Date Signature of Owner Date

Mark the applicable boxes ☐ Certificate of Status — \$10 ☒ Certified Copy — \$30

**FILING FEE: \$50**

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

CR4E-001 (12/97)

**Carnival Cigar Co., Inc.**

1460 N.W. 159th Street  
Miami, Florida 33169  
Tel: (305) 622-3197  
Fax: (305) 622-3163  
1-800-563-0338

Exclusive Worldwide  
Licensee for  
**U.S.P.A. Polo**  
Cigars



Exclusive Distributors **Classico Cigars, Inc.** 225 West 34th Street, New York, N.Y. 10122 Tel: (212) 244-3323 Fax: (212) 279-4016

December 4, 1998

Ms. Pat Bailey  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document # P97000059743(9)  
Carnival Cigar Co., Inc.  
Reinstatement of Corporation

VIA FAX

Dear Ms. Bailey,

In regard to our conversation of yesterday, as discussed we have spoken with the controller regarding check #126 in the amount of \$150.00 issued to the Division of Corporations.

Pat, we are told that the check was not returned however, was not in the bank statement. Please advise us immediately on what we need to do in order to reinstate our corporation. Carnival Cigar Co., Inc. is an active company doing business.

Awaiting your reply.

Sincerely,

Annette Arena, CEO  
Carnival Cigar Co., Inc.

encls. AMA/cq

cc: Mario Novo, Pres.



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December 9, 1998

Ms. Pat Bailey  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Exclusive Worldwide  
Licensee for  
**U.S.P.A. Polo**  
Cigars



Re: Document # P97000059743(9)  
Carnival Cigar Co., Inc.

Reinstatement of Corporation

VIA FAX  
VIA UPS OVERNIGHT

Dear Ms. Bailey,

To confirm our telephone conversation, enclose please find our check in the amount of \$165.00 to reinstate Carnival Cigar Co., Inc. per your approval.

Should you request any additional information please do not hesitate in contacting us. Thank you again for your assistance and cooperation in this matter.

Sincerely,

Annette Arena, CEO  
Carnival Cigar Co., Inc.

encls.

AMA/cq

cc: Mario Novo, Pres.

C12109801.wks.wps