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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000073277 (0)

1. Corporation Name

HAVANA REAL CIGAR, CO.

Principal Place of Business

780 NORTHWEST LEJEUNE ROAD  
SUITE 425  
MIAMI FL 33128

Mailing Address

780 NORTHWEST LEJEUNE ROAD  
SUITE 425  
MIAMI FL 33128

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 3735 S. LAKE DR.	26 3745 NE 171 ST #33		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27 #33		
City & State		City & State	
23 MIAMI FL	28 N. MIAMI BEACH, FL		
Zip	Country	Zip	Country
24 33155	25 USA	29 33160	30 USA

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$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

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MITCHELL SOLIGAN

82 Street Address (P.O. Box Number is Not Acceptable)

3745 NE 171 ST #33

83

84 City

N. MIAMI BEACH

FL

85 Zip Code

33160

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

*Mitchell Soligan*  
Signature, typed or printed name of registered agent and title, if applicable

MITCHELL SOLIGAN

(NOTE: Registered Agent signature required when reinstating)

4/21/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MEY, JAN	1.2 NAME	JAN MEY
STREET ADDRESS	780 NORTHWEST LEJEUNE ROAD	1.3 STREET ADDRESS	3735 S. LAKE DRIVE
CITY-ST-ZIP	MIAMI FL 33128	1.4 CITY-ST-ZIP	MIAMI FL 33155
TITLE	STD	2.1 TITLE	STD
NAME	SOLIGAN, MITCHELL W	2.2 NAME	MITCHELL SOLIGAN
STREET ADDRESS	780 NORTHWEST LEJEUNE ROAD	2.3 STREET ADDRESS	3745 NE 171 ST #33
CITY-ST-ZIP	MIAMI FL 33128	2.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33160
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

*Mitchell Soligan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHELL SOLIGAN

DATE

4/21/98

888-514-1919

Daytime Phone # 0643022

CR2E034 (10/97)