

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).

FILED

Oct 07 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000080031 (2)

1. Corporation Name  
 HAVANA '59 CIGAR COMPANY



Principal Place of Business  
 425 WASHINGTON AVE.  
 MIAMI FL 33139

Mailing Address  
 425 WASHINGTON AVE.  
 MIAMI FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 1134 SW 123rd AVE.  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 Pembroke Pines, FLA.  
 Zip Country  
 24 33025 USA

2a. Mailing Address  
 26 1134 SW 123rd AVE  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 Pembroke Pines, FLA.  
 Zip Country  
 29 33025 USA

3. Date Incorporated or Qualified  
 09/15/1997  
 4. FEI Number  
 65 078045 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  
 BRYANT, GITANO  
 10060 SHERIDAN ST., #10-212  
 PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent  
 81 Name  
 Gitano Bryant  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 1134 SW 123rd AVE.  
 83  
 84 City Pembroke Pines FL 85 Zip Code  
 33025

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 *Gitano Bryant* President DATE 9-28-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | President                | <input type="checkbox"/> DELETE |
| NAME           | Gitano Bryant            |                                 |
| STREET ADDRESS | 1134 SW 123rd AVE.       |                                 |
| CITY-ST-ZIP    | Pembroke Pines, FL 33025 |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| 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           | 400002659174  |
| 2.3 STREET ADDRESS | -10/08/98--01058--033   |
| 2.4 CITY-ST-ZIP    | ***150.00   |
| 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)(f), 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: *Gitano Bryant* DATE 9-28-98 934 431-1759

CR2E034 (5/98)