

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

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99 MAR 11 PH 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000080031

1. Corporation Name
HAVANA '59 CIGAR COMPANY



Principal Place of Business

~~1134 S.W. 123RD AVENUE
PEMBROKE PINES FL 33025
US~~

Mailing Address

~~1134 S.W. 123RD AVENUE
PEMBROKE PINES FL 33025
US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **6795 NW 87th AVE.**

2a. Mailing Address

26 **6795 NW 87th AVE**

22 City & State

23 **Miami, Fla.**

27 City & State

28 **Miami, Fla.**

24 Zip Country

24 **33178** 25 **USA**

29 **33178** 30 **USA**

3. Date Incorporated or Dated

09/15/1997

4. FEI Number
65-0780145

Applied For Not Applicable

5. Certificate of Status Desired **X**

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

81 Name

GITANO BRYANT

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

6795 NW 87th AVE.

83

84 City

Miami

FL

85 Zip Code

33178

9. Name and Address of Current Registered Agent

BRYANT, GITANO

~~1134 S.W. 123RD AVENUE~~

~~PEMBROKE PINES FL 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Gitano Bryant

Gitano Bryant President

3-10-99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, GITANO	
STREET ADDRESS	1134 S.W. 123RD AVENUE	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME	Gitano Bryant		
13 STREET ADDRESS	6795 NW 87th AVE.		
14 CITY-ST-ZIP	Miami, FL 33178		
21 TITLE	V/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	Jose Miguel Noroña		
23 STREET ADDRESS	6795 NW 87th AVE.		
24 CITY-ST-ZIP	Miami, FL 33178		
31 TITLE	V/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
32 NAME	John Alexander		
33 STREET ADDRESS	6795 NW 87th AVE.		
34 CITY-ST-ZIP	Miami, FL 33178		
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE	LFS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME	3-16-99		
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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: *Gitano Bryant* **Gitano Bryant - President**

03/10/99

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