Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90059 033 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000099545

1. Corporation Name

TOBACC	O MART INC.						
Delegate al Blace	- A Dunings	Mailing Address				ije igibi bilii bi	eel ein leel
Principal Place		_				:	
2319 W. 52ND STREET 2319 W. 52ND STREET HIALEAH FL 33016 HIALEAH FL 33016							
HIALEAN PE 33016					DO NOT WRITE IN THIS S	SPACE	
					Date Incorporated or Qualifed 11/19/1997		
9 Dringing D	less of Buginess	2a. Mailing Address			4. FEI Number	App	lied For
					65-0797353		Applicable
21						\$8.75 A	··
					5. Certifcate of Status Desired	Fee Rec	
City & Stat		City & State			a Flastica Compaign Flanning	\$5.00 ·	4 D-
	e	— ·	¬ ´		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23	Country	Zip	Countr		This corporation owes the current year Inta		
Zip	Country	- h	30	,	Personal Property Tax.		□No
24	25	1-21	50		10. Name and Address of New Registered A		
	9. Name and Address of Curren	nt Registered Agent	8	Name	10. Haille blid Madress of Hole Hogisteriou /		
WAS	SIM HATOUM		ا ا	1			
8328 DUNDEE TERRACE			8:	Street Add	iress (P.O. Box Number is Not Acceptable)		ł
MIAMI LAKES FL 33016							
MIAN	AI LAKES PL 33010		8:	3			
			84	City		85 Zip C	ode
			1	1	F <u>L</u>	1-1	
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	inorized b	y tne corporat	poration submits this statement for the purpose of c ion's board of directors. I hereby accept the appoin	changing its reg	registered istered
SIGNATORE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Ag	ent signature requir	red when reinstating) DATE		
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D DELETE		1.1 TITLE			Change	Addition
NAME	HATOUM, WASSIN		1.2 NAME				ļ
STREET ADDRESS	8328 DUN DEE TERR.		1.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP	MIAMI LAKES FL 33016		1.4 CITY-	ST-ZIP	· .		
TITLE	D DELETE		2.1 TITLE			Change	☐ Addition
NAME	HATOUM, SALIM F		2.2 NAME				
STREET ADDRESS	TARE IN CATH AVE NO 404		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016		2, 4 CITY	ST-7IP			
TITLE			3.1 TITLE			Change	Addition
)	1		3.2 NAME	1			}
NAME				ET ADDRESS			1
STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-	SI-ZIP		☐ Change	Addition
TITLE		☐ nereie		_		- Coloringe	
NAME			4, 2 NAM				
STREET ADDRESS			4,3 STRE	ET ADORESS			
CITY-ST-ZIP			4.4 CITY-				□ 6 2392-5
) τιπιε]	□ DELETE	5.1 TITLE	ì		Change	☐ Addition

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 afacthment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

CURE REUN PED

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: 6

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition