PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800003391

1. Corporation Name

CASTLE HUMIDORS COMPANY

Principal Place of Business 661 EAST 5TH STREET

HIALEAH FL 33010

Mailing Address

661 EAST 5TH STREET HIALEAH FL 33010

May 10, 1999 8:00 am Secretary of State

05-10-1999 90009 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					01/13/1998	<u> </u>			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ар	plied For	
21 280	2 W 3 AUE BAY#8	26 2802 W	3	AVE	6508	14374	No	t Applicable	
		Suite, Apt. #, etc.			5. Certificate of St	tatus Desired	\$8.75		
22 HIAL	EAH FL.	27 BAY# 8			3		Fee Re	equired	
City & State		City & State		د د درسو	6. Election Camp		\$5.00		
23 <i>330</i>		28 HIALEAH			Trust Fund Cor			to Fees——	
Žip	Country	L ^{∠ip}	Country			n owes the current year In	_=	DENo.	
24	25	29 <i>33010</i> 30) 		Personal Prope		Yes	LIETNO	
	g. Name and Address of Current i	registered Agent	81	10. Name and Address of New Registered Agent Name					
AMERILAWYER									
343 ALMERIA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
				84 City 85 Zip Code					
FL W								rogistered	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		13.	it signature require		ANGES TO OFFICERS AF	ND DIRECTO	RS IN 12	
TITLE			1.1 TITLE	Ē	75TD	ANOCS TO CITTOLING A	Change	Addition	
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CITY-ST-ZIP			2.1 TITLE	7.7	TALEMA	~ <u> </u>	Change -	[-] Addition	
NAME	ì		2.2 NAME)				_	
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TITLE			4.1 TITLE				Change	Addition	
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CITY-ST-ZIP]	4.4 CITY-ST]	
TITLE	-	☐ DELETE	5.1 TITLE				☐ Change	Addition	
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TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAME				_ •	_	
STREET ADDRESS			6.3 STREET	ADDRESS				Ì	
CITY-ST-ZIP			6.4 CITY-ST						
	ertify that the information supplied with	this filling does not qualify for the			Section 119 07(3)(i) Flo	orida Statutos I further cor	tifu that the in	formation	

indicated on this annual report or supplied with the ming poes not quality of the examption stated in Section 173.07(5)(f), Fibrida Statutes. From Statutes, Indicated on this annual report or suppliemental annual leport 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:

CR2E034 (11/98)