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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000019612

1. Corporation Name

NATIONAL CIGAR CORPORATION

Principal Place of Business

700 S.W. 36TH AVE.
MIAMI FL 33135

Mailing Address

700 S.W. 36TH AVE.
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

65-0815511

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **VALLS, FELIPE A. JR.**82 Street Address (P.O. Box Number is Not Acceptable)
3663 S.W. 8th Street Third Floor

83

84 City **MIAMI****FL**85 Zip Code **33135**

9. Name and Address of Current Registered Agent

VALLS, FELIPE A
700 S.W. 36TH AVE.
MIAMI FL 33135

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

Signatures, typed or printed name of Registered Agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

3/28/99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
D
VALLS, FELIPE A
700 S.W. 36TH AVE.
MIAMI FL 33135
1.2 NAME ☐ DELETE1.3 STREET ADDRESS ☐ DELETE1.4 CITY-ST-ZIP ☐ DELETE2.1 TITLE ☐ DELETE2.2 NAME ☐ DELETE2.3 STREET ADDRESS ☐ DELETE2.4 CITY-ST-ZIP ☐ DELETE3.1 TITLE ☐ DELETE3.2 NAME ☐ DELETE3.3 STREET ADDRESS ☐ DELETE3.4 CITY-ST-ZIP ☐ DELETE4.1 TITLE ☐ DELETE4.2 NAME ☐ DELETE4.3 STREET ADDRESS ☐ DELETE4.4 CITY-ST-ZIP ☐ DELETE5.1 TITLE ☐ DELETE5.2 NAME ☐ DELETE5.3 STREET ADDRESS ☐ DELETE5.4 CITY-ST-ZIP ☐ DELETE6.1 TITLE ☐ DELETE6.2 NAME ☐ DELETE6.3 STREET ADDRESS ☐ DELETE6.4 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
D/PRESIDENT
VALLS, FELIPE A. JR
3663 S.W. 8th Street Third Floor
MIAMI, FL 33135
2.1 TITLE ☐ Change ☒ Addition
SECRETARY
TORRES DE NAVARRA, CARLOS
3663 S.W. 8th ST-THIRD FLOOR
MIAMI, FL 33135
3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT FELIPE A. VALLS, JR

Date

2/1/99

Daytime Phone

(305) 446-4916

CR2E034 (11/98)