05-05-1999 90085 029 ***158.75

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 # **P98000072582**1. Corporation Name

RODRIGUEZ & CRESPO CIGAR FACTORY, INC.

					- I (Måt) fåt in inin in kern neinr	MAIST MAIST MASSE SE	I IMALIEN LIN LAIMT HOUSE ABUST MATTE MATTE LINE LINE STAN FRANK LAND LINE SERVE			
Principal Place	of Business	Mailing Address								
601 SOUTHERN		601 SOUTHERN								
KEY WEST FL 33040		KEY WEST FL 33040		DO NOT 189	RITE IN THIS	CDACE				
							JEAGE			
					3. Date Incorporated or Qualife	a		Į		
					08/19/1998					
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	1/-1		plied For		
21		26			65-085 &		No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	X	\$8.75			
22		27		5. Certificate of Status Desired	X	Fee Re	quired			
City & State		City & State		6. Election Campaign Financin	g	\$5.00	May Be			
23		28			Trust Fund Contribution	⁹ 🗆	Added t			
Zip	Country		Country		8. This corporation owes the co	irrent vear Inta	angible			
_			,		Personal Property Tax.	anom your me	Yes	No		
24	25				10. Name and Address of Nev	Registered A	Agent			
	9. Name and Address of Current	Registered Agent	81	Name 10.						
EII IM	IGS, INC.		"	/74	ercenes ter					
_	•		82	Stree* "Hdge	ess (P.O. Box Number is Not Acce	ptable)				
	N.W. 16TH STREET			50	DUVAL ST					
FI. L	AUDERDALE FL 33311-4132		83	-11	- حسم					
			-	77	<u> </u>		DE Zin (Code		
			84	City K	Y WEST	FL	85 35	Code VO 440		
44 Duramant i	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes th	a-named corno	pration submits this statement for the	ne purpose of	changing its	registered			
office or re	egistered agent, or both, in the State o	of Florida. Such change was author	ized by	tne corporation	n's board of directors. I hereby acc	ept the appoir	ıtment as re	gistered		
agent. I ar	m familiar with, and accept the obligati	ions of Section 607.0505, Florida	Statutes		a/a/a					
SIGNATURE	Meeen	82			4/28/97 X	DATE				
	Signature, typed or printed name of registered agent			nt signature required			D DIDEOTA	NDC IN 42		
12.	OFFICERS ANI		13.	· · · ·	ADDÍTIONS/CHANGES TO (JEFICERS AN	Change	Addition		
TITLE	D	☐ DELETE	1.1 TITLE				Change	Acciden		
NAME	rodriguez, fidel	I ·	1.2 NAME							
STREET ADDRESS	601 SOUTHERN	•	1.3 STREE	r ADDRESS				j		
CITY-ST-ZIP	KEY WEST FL 33040	i	14 CITY-S	T-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	Addition		
NAME	RODRIGUEZ, GRISEL	1	2.2 NAME							
ļ	601 SOUTHERN			T ADDRESS						
STREET ADDRESS				ļ						
CITY-ST-ZIP	KEY WEST FL 33040		2. 4 CITY-S	iT-ZIP			Change	Addition		
TITLE	D	☐ DELETE 3.1 T					change			
NAME	PEREZ, MERCEDES		3.2 NAME					ŀ		
STREET ADDRESS	601 SOUTHERN	:	3.3 STREE	T ADDRESS				ļ		
CITY-ST-ZIP	KEY WEST FL 33040		3.4. CITY-5	ST-ZIP						
TITLE	D	☐ DELETE	4.1 TITLE				Change	☐ Addition		
NAME	CRESPO, RAC S		4. 2 NAME	1				1		
	601 SOUTHERN			T ADDRESS				ļ		
STREET ADDRESS	* * *			1						
CITY-ST-ZIP	KEY WEST FL 33040		4.4 CITY-S	1-4P			☐ Change	Addition		
TITLE			5.1 TITLE				s.range			
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	TADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T- ZIP						
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition		
NAME		1	6.2 NAME							
ATTACET +0000000			63STREE	T ADDRESS						

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.

6.4 CITY-ST-ZIP