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Jul 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000086500

1. Corporation Name
MACABI CIGAR OF SOUTH BEACH, INC.

Principal Place of Business
% ARNOLD PERLSTEIN, ESO.
4801 S UNIVERSITY DR., 2ND FLOOR
DAVIE FL 33328

Mailing Address
% ARNOLD PERLSTEIN, ESO.
4801 S UNIVERSITY DR., 2ND FLOOR
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/08/1998

4. FEI Number
65-0869848
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

2. Principal Place of Business
21 1451 Ocean Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 2135 S.W. 19 TERR.
Suite, Apt. #, etc.

22
City & State
23 MIAMI BEACH, FL

27
City & State
28 MIAMI, FLORIDA

24 Zip Country
25 - U.S.

29 Zip Country
30 33145 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERLSTEIN, ARNOLD
4801 S. UNIVERSITY DR., 2ND FLOOR
DAVIE FL 33328

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PERLSTEIN, ARNOLD
4801 S. UNIV. DR., 2ND FLOOR
DAVIE FL 33328 ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DIRECTOR & ASST. SECRETARY
ENRIQUE VILAR JR.
5835 SW 45 TERR.
MIAMI, FL 33145 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DIRECTOR & ASST. SECRETARY
EDUARDO J. TRINIDAD
1980 SW 200 ST.
MIAMI, FL 33187 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DIRECTOR & PRESIDENT & SECRETARY
ARTURO B. SOSA
2135 SW 19 TERR.
MIAMI, FL 33145 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
DIRECTOR & TREASURER
WILLIAM HERNANDEZ
11705 SW 69 AVE.
PINECREST, FL 33156 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
DIRECTOR
AQUILES LEGRA, JR.
8900 SW 85 AVE.
MIAMI, FL 33156 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
DIRECTOR
WOLFRIDO FONTICIELLO
2311 NW 193 AVE.
PEMBROKE PINES, FL 33029 ☐ 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:

ARTURO B. SOSA, PRES.
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)