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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # P98000086661

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



Principal Place of Business
 C/O ARNOLD PERLSTEIN. ESQ.
 4801 S. UNIVERSITY DRIVE. 2ND FL.
 DAVIE FL 33328

Mailing Address
 C/O ARNOLD PERLSTEIN. ESQ.
 4801 S. UNIVERSITY DRIVE. 2ND FL.
 DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **5801 SW 72 ST.**

2a. Mailing Address
 26 **2135 SW 19 TERR.**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
S. MIAMI, FLORIDA

28 City & State
MIAMI, FLORIDA

24 Zip Country
 25 **U.S.** 29 **33145** 30 **U.S.**

3. Date Incorporated or Qualified
10/08/1998

4. FEI Number
65-0869846

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

9. Name and Address of Current Registered Agent
PERSTEIN, ARNOLD ESQ.
4801 S. UNIVERSITY DRIVE
DAVID FL 33328

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 *Arnold Perlstein, Esq.* DATE **6/23/99**

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PERLSTEIN, ARNOLD
STREET ADDRESS	4801 S. UNIVERSITY DRIVE 2ND FLOOR
CITY-ST-ZIP	DAVIE FL 33328
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR & ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ENRIQUE VILAR, JR.
1.3 STREET ADDRESS	5835 SW 45 TERR.
1.4 CITY-ST-ZIP	MIAMI, FL 33145
2.1 TITLE	DIRECTOR & ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDUARDO J. TRINIDAD
2.3 STREET ADDRESS	19810 S.W. 200 ST.
2.4 CITY-ST-ZIP	MIAMI, FL 33187
3.1 TITLE	DIRECTOR & PRESIDENT & SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ARTURO B. SOSA
3.3 STREET ADDRESS	2135 SW 19 TERR.
3.4 CITY-ST-ZIP	MIAMI, FL 33145
4.1 TITLE	DIRECTOR & TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM HERNANDEZ
4.3 STREET ADDRESS	11705 SW 69 AVE.
4.4 CITY-ST-ZIP	PINECREST, FL 33156
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(f), 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.* DATE **6/23/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)