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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 20, 1999 8:00 am Secretary of State

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## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000102817

1. Corporation Name

**SIGNATURE:** 

CIGAR LIQUIDATION CO.

2. Principal Place (21) Suite, Apt. #, et (22) City & State (23) Zip (24) 9. AMERILAV (343 ALME CORAL G. (21) 11. Pursuant to the office or regist agent. I am far SIGNATURE	Country  25  Name and Address of Curre  WYER  RIA AVENUE  ABLES FL 33134	220 71 SUITE 2 MIAMI E  2a. Mi 26 St 27 Ci 28 Zi 29 nt Register	ailing Address uite, Apt. #, etc. ity & State  p ed Agent	authorized b	1 N 2 S 3 Ve-niv the	Personal Property Tax.
Suite, Apt. #, etc  City & State  Zip  Zip  AMERILAV  343 ALME  CORAL G.  11. Pursuant to the office or regist agent. I am far  SIGNATURE	Country  25  Name and Address of Curre  WYER  RIA AVENUE  ABLES FL 33134  e provisions of Sections 607.05	SUITE 2 MIAMI E  2a. Mi 26 St 27 Ci 28 Zi 29 nt Register	ailing Address uite, Apt. #, etc. ity & State  p ed Agent	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1 N 2 S 3 Ve-niv the	3. Date Incorporated or Qualifed  12/10/1998  4. FEI Number  5. Certifcate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes the current year Intangible Personal Property Tax.  10. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)
2. Principal Place of Suite, Apt. #, etc 22 City & State 23 Zip 24 9.  AMERILAV 343 ALME CORAL G.  11. Pursuant to the office or regist agent. I am far SIGNATURE	Country  25  Name and Address of Curre  WYER  RIA AVENUE  ABLES FL 33134  e provisions of Sections 607.05	Za. Market St. 26 St. 27 Ci 28 Zig. 29 nt Register.	ailing Address uite, Apt. #, etc. ity & State  p ed Agent	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1 N 2 S 3 Ve-niv the	3. Date Incorporated or Qualifed  12/10/1998  4. FEI Number  5. Certifcate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes the current year Intangible Personal Property Tax.  10. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)
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office or regist agent. I am far SIGNATURE	ered agent or both in the State	of Florida	Such change was	authorized b	v the	a parmed corporation submits this statement for the purpose of changing its registered
SIGNATURE	miliar with, and accept the oblig-	ations of, Se		orida Statute		the corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signal			300011 007.0303, F1	onda Statute		1.
	ture, typed or printed name of registered age	ent and title if app	plicable. (NOT	E: Registered Ag	ent sig	nt signature required when reinstating) DATE
12.	OFFICERS A			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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<ol> <li>14. I hereby certify indicated on the</li> </ol>	y that the information supplied y his annual report or supplement	vith this filing al aghual rei	g does not outlify f port is true and acc	ov true exemp	ption at m	tion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall bave theysame legal effect as if made under oath; that I am an
officer or direc	tor of the corporation or the rec	eiver or trus	tee empowered to	edecute this	repo	to the stated in Section 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (