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 # P98000103934

1. Corporation Name

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City & State

TOBACCO BRANDS CORP.		
Principal Place of Business	Mailing Address	
2702 N.W. 112TH AVENUE MIAMI FL 33172	2702 N.W. 112TH AVENUE MIAMI FL 33172	
Principal Place of Business The state of Business The sta	2a. Mailing Address	
Suite Ant # etc	Suite Ant # etc	

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City & State

9. Name and Address of Current Registered Agent

FERENCZI, SYLVIA	
2702 N.W. 112TH AVENUE	
MIAMI FL 33172	

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Country

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90118 042 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

65-0886555

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

- 12/14/1998

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

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

4. FEI Number

					j			
		84	′	FL 85 Zip Co				
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 (NOTE Registered Agent strong treatment when reinstating)								
Signature, typed or printed harme or registered agent and use in approache.								
TITLE		1.1 TITLE		Change	Addition			
	FERENCZI, SYLVIA	1.2 NAME						
NAME	·							
STREET ADDRESS	2.02.1111	1.3 \$TREE		i				
CITY-ST-ZIP		1.4 CITY-S	T-ZIP	Change	☐ Addition			
TITLE	,, OD	2.1 TITLE			L Addition			
NAME	,,,,,,,,,,	2.2 NAME						
STREET ADDRESS	2,02,1111,110	2.3 STREE	T ADDRESS	}				
CITY-ST-ZIP		2.4 CITY-5	ST-ZIP		—			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition			
NAME		3.2 NAME						
STREET ADDRESS		33 STREE	TADDRESS	3				
CITY-ST-ZIP	<u> </u>	3.4. CITY- 9	ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition			
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREE	T ADDRESS	s				
CITY-ST-ZIP		4.4 CITY-S	T-ZIP					
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition			
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREE	TADORESS	3				
CITY-ST-ZIP		5.4 CITY-S	T-ZIP					
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition			
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREE	T ADDRESS	3				
CMY-ST-ZIP		6.4 CITY-S		<u> </u>				
14. I hereby o	certify that the information supplied with this filing does not qualify for the	exempt	ion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the info	ormation			

Country

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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 attackment with an address, with all other like empowered.

SIGNATURE:

SYLVIA (FERENCZI)- PDD SIGNATURE AND TYPED OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-500-9565