

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S09129 (5)**  
1. Corporation Name  
**FUENTE & NEWMAN PREMIUM CIGARS LIMITED, INC.**



Principal Place of Business <b>PO BOX 2030 TAMPA FL 33601</b>	Mailing Address <b>PO BOX 2030 TAMPA FL 33601</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/26/1990</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-3036870</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SHARP, WILLIAM M. 4830 W. KENNEDY BLVD. SUITE 745 TAMPA FL 33609</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>4830 W. KENNEDY Blvd.</b>
				83	<b>SUITE 630</b>
				84 City	<b>TAM</b>
		FL	85 Zip Code	<b>33609</b>	

*Address only  
suite #*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and fee, if applicable. (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUENTE, CARLOS P.</b>	1.2 NAME	
STREET ADDRESS	<b>ZONA FRANCA</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SANTIAGO, DOMINIC REP</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUENTE, CARLOS A.</b>	2.2 NAME	
STREET ADDRESS	<b>ZONA FRANCA</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SANTIAGO, DOMINIC REP</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWMAN, ERIC M</b>	3.2 NAME	
STREET ADDRESS	<b>2701 18TH STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWMAN, ROBERT C.</b>	4.2 NAME	
STREET ADDRESS	<b>2701 18TH STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWMAN, STANFORD J.</b>	5.2 NAME	
STREET ADDRESS	<b>2701 18TH STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHARP, WILLIAM M.</b>	6.2 NAME	
STREET ADDRESS	<b>4830 W. KENNEDY BLVD., SUITE 745</b>	6.3 STREET ADDRESS	<b>4830 W. KENNEDY Blvd, Suite 630</b>
CITY - ST - ZIP	<b>TAMPA FL</b>	6.4 CITY - ST - ZIP	<b>TAMPA, FL 33609</b>

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 appointment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/2/98** **8132482124**

CR2E034 (10/97)