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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # S09129 1. Corporation Name

FUENTE & NEWMAN PREMIUM CIGARS LIMITED, INC.

| , OLIVIE V                                  |  |                            |  |                      |         |                      |  |  |   |
|---|--|----------------------------|--|----------------------|---------|----------------------|--|--|---|
| Principal Place of Business Mailing Address |  |                            |  |                      |         |                      |  | [] <b>6</b> [6]( <b>6</b> (6)( <b>6</b> ) <b>8</b> () <b>6</b> | 11811 \$1811 1881                       |
| PO BOX 2030                                 |  |                            | PO BOX 2030  |                      |         |                      |  |  |   |
|   |  |                            | IPA FL 33601   |                      |         |                      | DO NOT WRITE IN THIS SPACE                                   |  |   |
|   |  |                            |  |                      |         |                      | 3. Date Incorporated or Qualifed                             |  |   |
|   |  |                            |  |                      |         |                      | 10/26/1990   |  | Ì                                       |
| Bringing Pla                                | no of Business   | 22                         | Mailing Address  |                      |         |                      | 4, FEI Number  | Ap   | plied Far                               |
| 2. Principal Place of Business              |  |                            | 26   |                      |         |                      | 59-3036870   | No   | t Applicable                            |
| Suite, Apt. #, etc.                         |  |                            | Suite, Apt. #, etc.  |                      |         |                      | 5. Certificate of Status Desired                             | \$8.75 A   | l l                                     |
| 12  |  |                            | 27   |                      |         |                      | 5. Certificate of Status Desired                             | Fee Re   | quired                                  |
| City & State                                |  |                            | City & State   |                      |         |                      | 6. Election Campaign Financing                               | \$5.00   |   |
|   |  |                            | 28   |                      |         |                      | Trust Fund Contribution                                      | Added t  | to Fees                                 |
| Zip   | Country  |                            | Zip Cou  |                      |         |                      | 8. This corporation owes the current year                    | Intangible<br>IZ Yes   | □No                                     |
| 4   | 25   | 29                         |  | 30                   |         |                      | Personal Property Tax.  10. Name and Address of New Register | <u> </u>   |   |
|   | <ol><li>Name and Address of Curren</li></ol>   | t Regi                     | stered Agent   |                      | 81      | Name                 | 10. Name and Address of New Register                         | au rigent  |   |
| CHAE  | DO SANI LIANA NA   |                            |  |                      |         |                      |  |  |   |
| and the second second                       | RP, WILLIAM M.   |                            |  |                      | 82      | Street Addre         | ess (P.O. Box Number is Not Acceptable)                      | •  | * .*                                    |
| 4830 W KENNEDY BLVD                         |  |                            |  |                      |         |                      | · · · · · · · · · · · · · · · · · · ·                        | 1118 3 111.11  | F. 1. 11. (1)                           |
| SUITE 630<br>TAMPA FL 33609                 |  |                            | •  |                      |         |                      |  | 1 25 7.3 1 20  | 14-13-1-13-1-13-1-13-1-13-1-13-1-13-1-1 |
| I MAIAL                                     | A FL 33009   |                            |  |                      | 84      | City                 |  | 85 Zip (   | Code                                    |
|   | 10 007 050   | 0 ===d 4                   | COT 1509 Florida Statut  | oc the               | above   | anamed come          | oration submits this statement for the purpose               | of changing its  | registered                              |
|   | of the provisions of Sections of 1995,<br>ogistered agent, or both, in the State<br>in familiar with, and accept the obligat |                            |  |                      |         |                      | on's board of directors. I hereby accept the ap              | pointment as re  | egisterea                               |
| SIGNATURE                                   | Signature, typed or printed name of registered ager  | t and title                | If applicable. (NOTE   | Registere            | ed Agen | t signature required | d when reinstating) DATE                                     |  |   |
| 12.   | OFFICERS AN  |                            | ECTORS   | 13                   |         |                      | ADDITIONS/CHANGES TO OFFICERS                                |  | ORS IN 12 Addition                      |
| TITLE                                       | D  |                            | ☐ DELETE   | 1.1                  | TITLE   |                      |  | ☐ Change   | . C. Addition                           |
| NAME  | FUENTE, CARLOS P.  |                            |  | 1.2                  | NAME    |                      | •  |  |   |
| STREET ADDRESS                              | ZONA FRANCA  |                            |  | 1.3                  | STREET  | ADDRESS              |  |  |   |
| CITY-ST-ZIP                                 | SANTIAGO, DOMINIC REP  |                            |  | _                    | CITY-S  | T-ZIP                |  | Change   | Addition                                |
| TITLE                                       | D  |                            | ☐ DELETE   |                      | TITLE   |                      |  | Change   |   |
| NAME  | FUENTE, CARLOS A.  |                            |  | 1                    | NAME    |                      | ,  |  |   |
| STREET ADDRESS                              | ZONA FRANCA  |                            |  |                      | -       | T ADDRESS            |  |  | ļ                                       |
| CITY-ST-ZIP                                 | SANTIAGO, DOMINIC. REP   |                            | OSSISTE  |                      | CITY-S  | T-ZIP                |  | ☐ Change   | Addition                                |
| TITLE                                       | ,D   |                            | ☐ DELETE   |                      | TITLE   | 1                    |  |  | _                                       |
| NAME .                                      | NEWMAN, ERIC M   |                            |  |                      | NAME    |                      |  |  |   |
| STREET ADDRESS                              | 2701 16TH STREET   |                            |  |                      |         | TADDRESS             |  |  |   |
| CITY-ST-ZIP                                 | TAMPA FL   |                            | ☐ DELETE   | _                    | CITY-S  | S1-ZEP               |  | Change   | Addition                                |
| TITLE                                       | D SOREDT C   |                            |  |                      | NAME    |                      |  |  |   |
| NAME .                                      | NEWMAN, ROBERT C.  |                            |  |                      |         | T ADDRESS            |  |  |   |
| STREET ADDRESS                              | 2701 16TH STREET   |                            |  |                      | CITY-S  | - !                  |  |  |   |
| CITY-ST-ZIP                                 | TAMPA FL   |                            | ☐ DELETÉ   |                      | TITLE   |                      |  | ☐ Change   | Addition                                |
| TITLE                                       | d<br>Newman, Stanford J.   |                            | <u></u>  |                      | NAME    |                      |  |  | }                                       |
| NAME<br>STREET ADDRESS                      | 2701 16TH STREET   |                            |  | 5.3                  | STREE   | TADDRESS             |  |  | ĺ                                       |
|   | TAMPA FL   |                            |  | 5.4                  | CITY-S  | ST-ZIP               |  |  |   |
| CITY-ST-ZIP<br>TITLE                        | D  |                            | ☐ DELETE   | 6.1                  | TITLE   |                      | •  | Change   | Addition                                |
| NAME  | SHARP, WILLIAM M.  |                            |  | 6.2                  | NAME    |                      | •  |  | l                                       |
| STREET ADDRESS                              | 4830 W KENNEDY BLVD, SUI   | F 631                      | )  | 6.3                  | STREE   | TADDRESS             |  |  |   |
|   | TAMPA EL 22000   |                            |  | 6.4                  | CITY-S  | ST-ZIP               |  |  |   |
| 14. I hereby o                              | certify that the information supplied w  | tth this                   | filing does not quality for  | or the e             | xemp    | tion stated in       | Section 119.07(3)(i), Florida Statutes. I furthe             | r certify that the<br>under oath: that                         | information<br>t I am an                |
| indicated<br>officer or<br>Block 12         | on this annual report or supplements<br>director of the corporation or the rect<br>or Block 13 if changed, or on an atta     | ranno<br>eiver or<br>chmen | su report is true and act<br>r trustee empowered to<br>t with an address, with a | execute<br>all other | this i  | report as requered.  | uired by Chapter 607, Florida Statutes; and th               | at my name app   | pears in                                |

SIGNATURE:

**FILED** 

Feb 12, 1999 8:00 am Secretary of State

02-12-1999 90017 005 \*\*\*150.00