

Form PTO-1594 (Rev. 01-09)
OMB Collection 0651-0027 (exp. 02/28/2009)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

<p>1. Name of conveying party(ies): Havana Cigar Manufacturing Company</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation- State: <u>Florida</u> <input type="checkbox"/> Other _____</p> <p>Citizenship (see guidelines) <u>Florida</u></p> <p>Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Additional names, addresses, or citizenship attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Name: <u>Havana Classic Cigar, Inc.</u> Internal Address: _____ Address: _____ Street Address: <u>1720 West Flagler Street</u> City: <u>Miami</u> State: <u>Florida</u> Country: <u>United States</u> Zip: <u>33135</u></p> <p><input type="checkbox"/> Association Citizenship _____ <input type="checkbox"/> General Partnership Citizenship _____ <input type="checkbox"/> Limited Partnership Citizenship _____ <input checked="" type="checkbox"/> Corporation Citizenship <u>Florida</u> <input type="checkbox"/> Other _____ Citizenship _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment)</p>
<p>3. Nature of conveyance)/Execution Date(s) : Execution Date(s) <u>October 11, 2007</u></p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>TTB Permits</u></p>	<p>4. Application number(s) or registration number(s) and identification or description of the Trademark.</p> <p>A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) <u>3223403</u></p> <p style="text-align: right;">Additional sheet(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): _____</p>
<p>5. Name & address of party to whom correspondence concerning document should be mailed: Name: <u>Havana Classic Cigar, Inc.</u> Internal Address: _____ Street Address: <u>1720 West Flagler Street</u> City: <u>Miami</u> State: <u>Florida</u> Zip: <u>33135</u> Phone Number: <u>305-642-6152</u> Fax Number: <u>305-642-5981</u> Email Address: <u>Havanaclassicmfg@aol.com</u></p>	<p>6. Total number of applications and registrations involved: 1</p> <p>7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$<u>40.00</u></p> <p><input type="checkbox"/> Authorized to be charged to deposit account <input checked="" type="checkbox"/> Enclosed</p> <p>8. Payment information: <u>Payed by Credit Card</u></p> <p>Deposit Account Number _____ Authorized User Name _____</p>
<p>9. Signature: <u><i>Maria A. Beovides</i></u> Signature <u>Maria A. Beovides</u> Name of Person Signing</p>	<p style="text-align: right;">Date: <u>06/23/2009</u></p> <p>Total number of pages including cover sheet, attachments, and document: 7</p>

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

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TRADEMARK
REEL: 004012 FRAME: 0291

OP \$40.00 3223403

OMB No. 1513-0078 (12/31/2008)

FOR TTB USE ONLY

DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)
APPLICATION FOR A PERMIT AS A MANUFACTURER OF TOBACCO
PRODUCTS OR AN EXPORT WAREHOUSE PROPRIETOR

Number

Date

1. I am applying for a TTB permit to conduct business as a:

- Manufacturer of Tobacco Products **MARIA A BEOVIDES** OR Proprietor of an Export Warehouse

2. I am applying because:

- I am starting a new business as stated in item 1.
- I am taking ownership of an existing business as of **JANUARY 1, 2008** (enter date) and have attached their TTB permit; or, if the permit is not available, their name and their TTB permit number are **TP-FL-867 HAVANA CIGAR MANUFACTURING COMPANY**
- There has been a change in control in the corporation of the business as of _____ (enter date), and I have attached their TTB permit. If the permit is not available, state their name and TTB permit number:

MARIA BEOVIDES
10/11/07

3. My legal name is (Read instruction H):

HAVANA CLASSIC CIGAR INC

4. My employer identification number is (Read instruction I):

20 - 1734310

5. My trade name or names are (Read instruction J):

NONE (SAME AS CORPORATE NAME)

6. I have attached my trade name(s) certificate(s) (Read instruction K)

OR

I have NOT attached these certificates for the following reason: **NOT APPLICABLE**

7. The mailing address for my factory as a manufacturer of tobacco products or export warehouse is: (Note: TTB will use this address to correspond with you.)

1720 W FLAGLER ST, MIAMI FL 33135

8. I have attached a description and, if necessary, a diagram of my factory or export warehouse (Read instruction L)

OR

I have NOT attached a description for the following reason: **SEE ATTACHED**

9. I have attached the documents of my business as required by instruction M.

OR

I have NOT attached documents for my business for the following reason:

10. I have provided the information about each person (Read instructions N and O) on this form or as an attachment.

OR

I have NOT provided this information for the following reason:

a. Full Legal Name

MARIA A BEOVIDES

b. Title and position in my business

PRESIDENT AND OWNER

c. Percent (%) of voting stock or interest held in my business as a manufacturer of tobacco products or an export warehouse proprietor. Do NOT include stock held by a corporation to determine the percent of voting stock.

100 % OWNER AND HOLDER OF VOTING STOCK

d. Dollar amount of investment in my business as a manufacturer of tobacco products or as an export warehouse proprietor.

Current:

\$ 10,000

Anticipated:

\$ 16,000

e. Name and address of the person(s) from whom the investment comes

**FROM MARIA A BEOVIDES, 270 NW 71 AVE #10
MIAMI, FL 33126**

f. Reason for, or source of, investment. For example: savings, loan, profits from other business, or gift

FROM EQUITY LINE ON THE SOLE STOCKHOLDERS' HOME (FROW WACHOVIA BANK)

TTB F 5200.3 (10/2006)

a. Legal name		b. Date and place of birth	c. Social security or employer identification number
d. <input type="checkbox"/> Male <input type="checkbox"/> Female	e. Citizen or business of United States <input type="checkbox"/> Yes <input type="checkbox"/> No (state country) _____		f. Other names used (maiden name, nicknames, etc.)

g. Residence(s), or place(s) of business, over the last five years

a. Full legal name		b. Date and place of birth	c. Social security or employer identification number
d. <input type="checkbox"/> Male <input type="checkbox"/> Female	e. Citizen or business of United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (state country) _____		f. Other names used (maiden name, nicknames, etc.)

g. Residence(s), or place(s) of business, over the last five years

13. Have you or any person listed in items 10 or 11 been denied a permit, license, or other authorization to engage in any business by any government agency (Federal, State, local, or foreign) or had such permit, license, or other authorization been revoked, suspended, or otherwise terminated?

Yes and I have attached the details of each occurrence to this application. No

14. Have you or any person listed in items 10 or 11 been arrested for, charged with, or convicted of, any crime under Federal, State, or foreign laws? (You do not have to include arrests, charges, or convictions for operating a motor vehicle that are not felonies under Federal or State law.)

Yes and I have attached the details of each occurrence to this application. No

15. I declare that I have read the instructions for this form. I understand that I may need to file other TTB forms before TTB may act on this application.

I understand that this application includes the information that I have attached to this form or incorporated by reference.

I understand that an appropriate TTB officer may require additional information to determine if I am entitled to the permit for which I am applying.



Before TTB makes its final decision about this application, I will immediately write to the TTB supervisor of the office listed in Instruction B if any information for this application changes.

Under penalties of perjury, I have examined this application, and to the best of my knowledge and belief, this application, including any attachments, is true, correct, and complete.

a. Signature <i>Aracelis</i>	b. Title <i>President</i>	c. Date <i>10/11/07</i>
d. E-mail address (optional) <i>Arvanaclassicmf9@aol.com</i>	e. Business telephone number <i>(305) 642-6152</i>	

How do I file this form? Send this form to the TTB National Revenue Center, 550 Main St, Ste 8002, Cincinnati, OH 45202-5215.

TTB F 5200.3 (10/2006)

DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU PERMIT - UNDER 26 U.S.C. CHAPTER 52		1. PERMIT NUMBER TP-FL-15017
2. ENGAGED IN THE BUSINESS AS MANUFACTURER OF TOBACCO PRODUCTS	3. DATE OF APPLICATION October 11, 2007	4. EFFECTIVE DATE OF PERMIT July 26, 2007
5. NAME OF MANUFACTURER OR PROPRIETOR AND MAILING ADDRESS OF FACTORY OR EXPORT WAREHOUSE (Street address, P.O. Box or R.F.D. Number, City, State and Zip Code) HAVANA CLASSIC CIGAR, INC. 1720 WEST FLAGLER STREET MIAMI, FL 33135-2016		
6. TRADE NAME(S)		
7. LOCATION AND DESCRIPTION OF EACH BUILDING OR PORTION THEREOF INCLUDED UNDER THIS PERMIT 1720 WEST FLAGLER STREET MIAMI, FL 33135-2016 SEE ATTACHED DIAGRAM(S)		
8. AMENDMENT NUMBER	10. DATE OF AMENDMENT	
9. REASON FOR AMENDMENT		
<p>Pursuant to your application of above date, you are hereby issued this permit to engage in the business indicated and to operate in the premises described. This permit will remain in effect on condition that you comply with the applicable provision of 26 U.S.C. Chapter 52, the Federal Water Pollution Control Act, and all applicable regulations made pursuant to law which now or may hereafter be, in force, and until suspended, revoked, automatic terminated, or voluntarily surrendered, as provided by law and regulations.</p> <p>This permit is not transferable. Any change in name, address, ownership, or control must be immediately reported to the National Revenue Center or Puerto Rico Operations Office.</p>		
11. SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL  FOR JOHN J. MANFREDA, ADMINISTRATOR		12. DATE OF APPROVAL JUL 17 2008