

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

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M15986**  
1. Corporation Name  
**MIKE'S CIGARS DISTRIBUTORS, INC.**

Principal Place of Business: **1030 Kane Concourse Bay Harbor, FL 33154**  
Mailing Address: **1030 Kane Concourse Bay Harbor, FL 33154**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/28/1985	04/24/96
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-2536886	Not Applicable
24. Zip	Country	29. Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<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>SMITH, JOSE</b> Suite 760 11900 Biscayne Boulevard Miami, FL 33181				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	FL 85. Zip Code

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's signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORUCHIN, OSCAR	1.2 NAME	BORUCHIN, OSCAR
STREET ADDRESS	9250 W. Bay Harbor Dr	1.3 STREET ADDRESS	9250 W. Bay Harbor Dr
CITY-ST-ZIP	Bay Harbor, FL 33154	1.4 CITY-ST-ZIP	Bay Harbor, FL 33154
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORUCHIN, ROSE	2.2 NAME	BORUCHIN, ROSE
STREET ADDRESS	9250 W. Bay Harbor Dr	2.3 STREET ADDRESS	9250 W. Bay Harbor Dr
CITY-ST-ZIP	Bay Harbor, FL 33154	2.4 CITY-ST-ZIP	Bay Harbor, FL 33154
TITLE	AVP <input type="checkbox"/> DELETE	3.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODED BEN-AIRE	3.2 NAME	BEN-AIRE, ODED
STREET ADDRESS	20454 N.E. 34th Court	3.3 STREET ADDRESS	20454 N.E. 34th Court
CITY-ST-ZIP	North Miami Beach, FL 33180	3.4 CITY-ST-ZIP	North Miami Beach, FL 33180
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	800002163968 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-05/02/97--01100--037
STREET ADDRESS		6.3 STREET ADDRESS	***165.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 assignment with an address.

**SIGNATURE:**  **OSCAR BORUCHIN, President** **4/28/97** **305-866-2277**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)