

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

**FILED**  
**Apr 07 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 # M15986**  
 1. Corporation Name  
**MIKE'S CIGARS DISTRIBUTORS, INC.**

Principal Place of Business <b>1030 Kane Concourse Bay Harbor, FL 33154</b>	Mailing Address <b>1030 Kane Concourse Bay Harbor, FL 33154</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>05/28/1985</b>	
21	26	4. FEI Number <b>59-2536886</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	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**  
**Smith, Jose**  
**Suite 760**  
**11900 Biscayne Boulevard**  
**Miami, Florida 33181**

**10. Name and Address of New Registered Agent**

81 Name <b>Smith, Jose</b>	85 Zip Code <b>33180</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2450 N.E. Miami Gardens Drive</b>	
83 <b>2nd Floor</b>	
84 City <b>North Miami Beach, FL</b>	

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 signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	Boruchin, Oscar	
STREET ADDRESS	9250 W. Bay Harbor Dr.	
CITY-ST-ZIP	Bay Harbor, FL 33154	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Boruchin, Rose	
STREET ADDRESS	9250 W. Bay Harbor Dr.	
CITY-ST-ZIP	Bay Harbor, FL 33154	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	Obad Ben-Aire	
STREET ADDRESS	20454 N.E. 34th Court	
CITY-ST-ZIP	North Miami Beach, FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	P.S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRUCHIN, OSCAR	
1.3 STREET ADDRESS	9999 COLLINS AVE - SUITE 6A	
1.4 CITY-ST-ZIP	BAL HARBOR - FLA 33154	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BORUCHIN, ROSE	
2.3 STREET ADDRESS	9999 COLLINS AVE - SUITE 6A	
2.4 CITY-ST-ZIP	BAL HARBOR - FLA 33154	
3.1 TITLE	VP/D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OBAD BEN-AIRE	
3.3 STREET ADDRESS	130 BISCAY DRIVE	
3.4 CITY-ST-ZIP	BAL HARBOR - FLA 33154	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	300002482043	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/08/98--01014--019	
5.3 STREET ADDRESS	***150.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **MARCH 30 1998 2:05 PM 33180**

CR2E034 (10/97)

FE 4.7