

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000064440 (8)**

1. Corporation Name

UNIVERSAL DUTY FREE INC.

Principal Place of Business

Main Office Address

**16300 NE 19TH AVE
N MIAMI BEACH FL 33162**

**16300 NE 19TH AVE
N MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date in operation for calendar year: **08/29/1994**
3a. Date of last Report: **8/29/1994**

2. Principal Place of Business

2b. Mailing Address

21. State, Apt. # etc.

26. State, Apt. # etc.

22. City & State

27. City & State

23. City

28. City

24. Country

29. Country

30. Country

4. FEI Number: **65-0518641**

Apply Fee
Not Applicable

5. Certificate of Status Desired:

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution:

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HELLER, DAVID
1688 MERIDIAN AVE
MIAMI BEACH FL 33139**

B1 Name

B2 Street Address (PT) (Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.01(3), 607.01(4), and 607.01(5) of the 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 Sections 607.01(3), 607.01(4), and 607.01(5) of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95

OFFICER	D
NAME	BEN-SHMOEL, LIOR
STREET ADDRESS	16300 NE 19TH AVE
CITY AND STATE	N MIAMI BEACH FL 33162
OFFICER	
NAME	
STREET ADDRESS	
CITY AND STATE	
OFFICER	
NAME	
STREET ADDRESS	
CITY AND STATE	
OFFICER	
NAME	
STREET ADDRESS	
CITY AND STATE	
OFFICER	
NAME	
STREET ADDRESS	
CITY AND STATE	

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I do hereby certify that the information required with this filing is substantially furnished and checked equally for the records in stated in Law Year 1995. I agree Florida Statutes. I further certify that the information included 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 this corporation or the registered agent or authorized employee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of Chapter 607, Florida Statutes.

SIGNATURE: **Lior Ben-Shmuel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95
305 9479722