

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000064440 (8)

1. Corporation Name

UNIVERSAL DUTY FREE, INC.

Principal Place of Business: 2315 NW 107 Ave #1M25 Miami, FL 33172
Mailing Address: 152 NE 167th Street North Miami Bch, FL 2ND Floor 33162

3. Date Incorporated or Qualified	08/29/1994	3a. Date of Last Report	04/24/1995
4. FEI Number	65-0518641	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
Lior Ben-Shmuel 152 NE 167th Street 2ND Floor North Miami Beach, FL 33162	<table border="1"> <tr> <td>81. Name</td> <td>Lior Ben-Shmuel</td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td>152 NE 167th Street</td> </tr> <tr> <td>83. City & State</td> <td>2ND Floor</td> </tr> <tr> <td>84. City</td> <td>N. Miami Bch, FL</td> </tr> <tr> <td>85. Zip Code</td> <td>33162</td> </tr> </table>	81. Name	Lior Ben-Shmuel	82. Street Address (P.O. Box Number is Not Acceptable)	152 NE 167th Street	83. City & State	2ND Floor	84. City	N. Miami Bch, FL	85. Zip Code	33162
81. Name	Lior Ben-Shmuel										
82. Street Address (P.O. Box Number is Not Acceptable)	152 NE 167th Street										
83. City & State	2ND Floor										
84. City	N. Miami Bch, FL										
85. Zip Code	33162										

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: Lior Ben-Shmuel President DATE: 4/2/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lior Ben-Shmuel	1.2 NAME	
STREET ADDRESS	152 NE 167th Street	1.3 STREET ADDRESS	
CITY - ST - ZIP	2ND Floor	1.4 CITY - ST - ZIP	
	N. Miami Bch, FL 33162	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	Isac Ben-Shmuel
NAME		2.3 STREET ADDRESS	152 NE 167th Street
STREET ADDRESS		2.4 CITY - ST - ZIP	2ND Floor N. Mia. Bch, FL 33162
CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	Shlomi Ben-Shmuel
NAME		3.3 STREET ADDRESS	152 NE 167th Street
STREET ADDRESS		3.4 CITY - ST - ZIP	2ND Floor N. Mia. Bch, FL 33162
CITY - ST - ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	600001868856
NAME		5.3 STREET ADDRESS	-06/20/96--01021--019
STREET ADDRESS		5.4 CITY - ST - ZIP	***200.00
CITY - ST - ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY - ST - ZIP	
CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lior Ben-Shmuel President DATE: 3-21-96 305-9479722

CR2E034 (12/95)