

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000064440 (8)

1. Corporation Name
UNIVERSAL DUTY FREE INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2315 NW 107TH AVE. MIAMI FL 33172

Mailing Address
152 NE 167 ST. 2ND FLOOR N MIAMI BCH FL 33162

3. Date Incorporated or Qualified
08/29/1994

2. Principal Place of Business *AFTER 6/1/98*
21 101 S. State Road 7
 Suite, Apt. #, etc.
22 Suite 7
 City & State
23 Hollywood, Florida
 Zip Country
24 33023-6736

2a. Mailing Address *AFTER 6/1/98*
26 101 S. State Road 7
 Suite, Apt. #, etc.
27 Suite 7
 City & State
28 Hollywood, Florida
 Zip Country
29 33023-6736

4. FEI Number
65-0518641

Applied For
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BEN-SHMUEL, LIOR
152 NE 167TH ST. 2ND FLOOR
N. MIAMI BCH. FL 33162

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
101 S. State Road 7
 83
Suite 2
 84 City
Hollywood **FL** 85 Zip Code
B3023

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
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEN-SHMUEL, LIOR	
STREET ADDRESS	152 NE 167TH ST. 2ND FLOOR	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEN-SHMUEL, IZAC	
STREET ADDRESS	152 NE 167TH ST. 2ND FLOOR	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEN-SHMUEL, SHLOMI	
STREET ADDRESS	152 NE 167TH ST. 2ND FLOOR	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
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	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	101 S. State Road 7 - Suite 2
1.4 CITY-ST-ZIP	Hollywood, Florida 33023-6736
2.1 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	101 S. State Road 7 - Suite 2
2.4 CITY-ST-ZIP	Hollywood, Florida 33023-6736
3.1 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	101 S. State Road 7 - Suite 2
3.4 CITY-ST-ZIP	Hollywood, Florida 33023-6736
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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. *attachement with an address.*

SIGNATURE **LIOR BEN-SHMUEL** *4/3-198 (cont) 9/10/118*

CR2E034 (10/97)