

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J05109 (O)

1. Corporation Name

GLOBAL DUTY FREE SUPPLY, INC.

Principal Place of Business

109 LAFAYETTE DRIVE
SYOSSET NY 11791
US

Mailing Address

109 LAFAYETTE DRIVE
SYOSSET NY 11791
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1986

3a. Date of Last Report

07/14/1994

4. FEI Number

59-2702686

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LOWENSTEIN, HENRY
C/O SOUTH BEACH TAX FREE SMOPS
1475 COLLINS AVENUE, APARTMENT 101
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature: Typed or printed name of registered agent and the filer (if applicable)

(If filer is Registered Agent, signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRAMES, MARK D.
STREET ADDRESS	109 LAFAYETTE DRIVE
CITY, ST, ZIP	SYOSSET NY
TITLE	V
NAME	SCANO, JOHN
STREET ADDRESS	109 LAFAYETTE DRIVE
CITY, ST, ZIP	SYOSSET NY
TITLE	S
NAME	CRAMES, ROBERT
STREET ADDRESS	109 LAFAYETTE DRIVE
CITY, ST, ZIP	SYOSSET NY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	FAMOSO, CHARLES
2.3 STREET ADDRESS	109 LAFAYETTE DRIVE
2.4 CITY, ST, ZIP	SYOSSET NY 11791
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(6), 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 a made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as reported by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, IN DIRECTOR

4/28/95

(56) 921-112