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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

L51654

(6)

FRONTIER DUTY FREE SHOPS CORP.

FILED
Jan 05 1996 8:00 am
Secretary of State



	ce of Business	Mailing Address			
UNIT A28, MIAMI FL : US		2315 NW 107 AVE UNIT A28, BOX 15 MIAMI FL 33172 US		3. Date Incorporated or Qualified	
2 Principal C	Place of Business			02/21/1990	3a. Date of Last Report 05/01/1995
21	nace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#, etc.	26		65-0172532	Not Applicabl
22		27		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	te	City & State	11 hade - 12 12 ha	6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be
Zip 24	Country	Zip	Country	8. This corporation has liability for in	Added to Fees
	25 9. Name and Address of Cu	[29]	30	Florida Statutes Yes	□ No
		iron negistered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
ROREN	I, BARRY M		81 Name		
	AND TOWERS		82 Street Add	dress (P.O. Box Number is Not Acceptable	6)
	. DADELAND BLVD, STE. 412	•	B3		
MIAMI I	FL 33156				
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Stati	Jes. the above named coros	oration submits this statement for the purp ard of directors. Thereby accept the appoin	
familiar wi	ed agent, or both, in the State of F th, and accept the obligations of, S	lorida. Such change was author Section 607 0605. Florida Standa	ized by the corporation's boa	oration submits this statement for the purp ard of directors. I hereby accept the appoi	POSE of changing its registered offici intrinent as registered agent. Lam
	, , , , , ,	outrood, Horida Statute	5 5 .	, , ,	to regions our agent. Fam
	Signaturu, typed or printed name of registered a	gent and Mo Kapplicable (8	VOTE: Fegistered Agent signature require		
12.	Skyraturu, tysed or printed name of registered a OFFICERS	gont and the trapplicable (A AND DIRECTORS	VOTE: Fregistered Agent signature require	red wher reinstation	DATE SERS AND DIRECTORS IN 12
12.	Skyrathru, typed or printed name of registered a OF FICERS PSTD	gent and Mo Kapplicable (8			ERS AND DIRECTORS IN 12
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12. TITLE NAME STREET ADDRESS	Styrature, typed or prefetd neme of registered a OFFICERS PSTD REYES, CARLOS J 2315 N.W. 107 AVE, #35	gont and the trapplicable (A AND DIRECTORS	13. 1.1 TITLE	red wher reinstation	ERS AND DIRECTORS IN 12
12. Title Name Street address Chy-St-Zip	Styrature, typed or printed nemero' registered a OFFICERS PSTD REYES, CARLOS J	gont and 180 fraps#Jabbo 6 ANO DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red wher reinstation	ERS AND DIRECTORS IN 12
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oath; that I am an office or director of the corporation or the roceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 3 if thanger, or on an attachment with an address.

SIGNATURE:

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1 22 96

Daytime Phone #

CR2E034 (12/