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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **M55512** **(1)**

1. Corporation Name
MIAMI DUTY-FREE ENTERPRISES, INC.

600001472056
-05/02/95--01162--013
****417.50 ****208.75
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
C/O HENRY A. LOWENSTEIN 120 E. 9TH ST. MIAMI FL 33132-0795	6691 BAYMEADOWS DR. GLENN BURNIE MD 21060 US

3. Date Incorporated or Qualified: **07/14/1987**
3a. Date of Last Report: **03/14/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **65-0009754** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	REIMERDES, CARL	12 NAME	
STREET ADDRESS	162 - 14 CRYDERS LANE	13 STREET ADDRESS	
CITY ST ZIP	BEECHHURST NY	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BAAD, RANDALL E	22 NAME	
STREET ADDRESS	2400 TRAPP AVE.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BERNSTEIN, DAVID H	32 NAME	
STREET ADDRESS	2403 STILL FOREST RD.	33 STREET ADDRESS	
CITY ST ZIP	BALTO MD 21208	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	COURI, JOHN A	42 NAME	
STREET ADDRESS	44 MULBERRY ST.	43 STREET ADDRESS	
CITY ST ZIP	RIDGEFIELD CT 06877	44 CITY ST ZIP	
TITLE	VSTD	51 TITLE	☐ Change ☐ Addition
NAME	EGAN, GERALD F	52 NAME	
STREET ADDRESS	6 FENCE CREEK DR.	53 STREET ADDRESS	
CITY ST ZIP	MADISON CT	54 CITY ST ZIP	
TITLE		61 TITLE	VD ☐ Change ☒ Addition
NAME		62 NAME	ALFRED CARFORA
STREET ADDRESS		63 STREET ADDRESS	23 RIDGE DR
CITY ST ZIP		64 CITY ST ZIP	W. REDDING, CT 06896

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: David H Bernstein DAVID H BERNSTEIN 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KC

0007547 FP