

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M55512 (1)

1. Corporation Name

MIAMI DUTY-FREE ENTERPRISES, INC.

Principal Place of Business

C/O HENRY A. LOWENSTEIN
120 E. 9TH ST.
MIAMI FL 33132-8795

Mailing Address

6691 BAYMEADOWS DR.
GLENN BURNIE MD 21060
US



3. Date Incorporated or Qualified
07/14/1987

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 6691 Baymeadow Dr.

26

Suite, Apt. #, etc.

22 City & State

27

City & State

23 Glen Burnie, MD

28

24 Zip

Country

29

Zip

Country

25

30

4. FEI Number
65-0009754

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title, if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE

NAME REIMERDES, CARL
STREET ADDRESS 162 - 14 CRYDERS LANE
CITY-ST-ZIP BEECHURST NY

TITLE PD ☐ DELETE

NAME BAAD, RANDALL E
STREET ADDRESS 2400 TRAPP AVE.
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME BERNSTEIN, DAVID H
STREET ADDRESS 2403 STILL FOREST RD.
CITY-ST-ZIP BALTO MD 21208

TITLE VD ☒ DELETE

NAME COURI, JOHN A
STREET ADDRESS 44 MULBERRY ST.
CITY-ST-ZIP RIDGEFIELD CT 06877

TITLE VSTD ☐ DELETE

NAME EGAN, GERALD F
STREET ADDRESS 6 FENCE CREEK DR.
CITY-ST-ZIP MADISON CT

TITLE VD ☐ DELETE

NAME CARFORA, ALFRED
STREET ADDRESS 23 RIDGE DR
CITY-ST-ZIP W. REDDING CT 06896

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald F. Egan 2/15/96 203-431-6057

CR2E034 (12/95)