

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M55512** (1)
1. Corporation Name
MIAMI DUTY-FREE ENTERPRISES, INC.



Principal Place of Business 6691 BAYMEADOW DRIVE GLEN BURNIE MD 21060 US	Mailing Address 6691 BAYMEADOWS DR. GLENN BURNIE MD 21060 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1987	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0009754		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip	25 Country	29 Zip	30 Country		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	1.1 TITLE	P
NAME	REIMERDES, CARL	1.2 NAME	
STREET ADDRESS	207-01 ESTATES DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAYSIDE NY	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	V D
NAME	BERNSTEIN, DAVID H	2.2 NAME	JOHN EDMONDSON
STREET ADDRESS	2403 STILL FOREST RD.	2.3 STREET ADDRESS	17 EQUESTRIAN RIDGE RD
CITY-ST-ZIP	BALTO MD 21208	2.4 CITY-ST-ZIP	NEWTOWN, CT
TITLE	VSTD	3.1 TITLE	V T
NAME	EGAN, GERALD F	3.2 NAME	KENNETH HINKLE II
STREET ADDRESS	6 FENCE CREEK DR.	3.3 STREET ADDRESS	161 OAK HILLS DR
CITY-ST-ZIP	MADISON CT	3.4 CITY-ST-ZIP	HANOVER, PA 17331
TITLE	VD	4.1 TITLE	
NAME	CARFORA, ALFRED	4.2 NAME	
STREET ADDRESS	23 RIDGE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	W.REDDING CT 06896	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	S
NAME		5.2 NAME	LAWRENCE CAPUTO
STREET ADDRESS		5.3 STREET ADDRESS	35 OLD WASHINGTON RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	RIDGEFIELD, CT
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

KENNETH HINKLE II

CR2E034 (10/97)