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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90049 026 \*\*\*158.75

DOCUMENT # **M68292** (5)

1. Corporation Name

**PRESTIGE DUTY-FREE ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/15/1988**

4. FEI Number

**65-0031514**

5. Certificate of Status Desired

**\$8.75**

Fee

6. Election Campaign Financing

**\$5.00**

Add

8. This corporation owes or has paid the current year in  
Personal Property Tax due June 30. ☐ Yes

2. Principal Place of Business

**7270 NW 12 STREET**

2a. Mailing Address

**7270 NW 12 STREET**

Suite, Apt. #, etc.

**260**

Suite, Apt. #, etc.

**260**

City & State

**Miami, Florida**

City & State

**MIAMI, FLORIDA**

Zip

**33126**

Country

**U.S.A**

Zip

**33126**

Country

**U.S.A**

9. Name and Address of Current Registered Agent

**TENEBaum, LEON  
5371 NORTH BAY ROAD  
MIAMI BEACH FL 33140**

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

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 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 of 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **TENEBaum, LEON**

STREET ADDRESS

CITY-ST-ZIP

TITLE **V** ☐ DELETE

NAME **TENEBaum, BENNY**

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE **7270 NW 12 STREET** ☒ Change

1.2 NAME **Suite 260**

1.3 STREET ADDRESS **MIAMI, FL 33126**

1.4 CITY-ST-ZIP **MIAMI, FL 33126** ☒ Change

2.1 TITLE **7270 NW 12 STREET** ☒ Change

2.2 NAME **Suite 260**

2.3 STREET ADDRESS **MIAMI, FL 33126**

2.4 CITY-ST-ZIP **MIAMI, FL 33126** ☐ Change

3.1 TITLE ☐ Change

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change

4.1 TITLE ☐ Change

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change

5.1 TITLE ☐ Change

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change

6.1 TITLE ☐ Change

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change

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 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 by 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 is not on the list of persons who are prohibited from serving as officers or directors of a corporation under Chapter 607, Florida Statutes.