

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M96387

1. Entity Name
DUTY FREE AIR AND SHIP SUPPLY CO.



Principal Place of Business
3939 N.W. 25TH STREET
MIAMI, FL 33142 US

Mailing Address
3939 N.W. 25TH STREET
MIAMI, FL 33142 US

FILED
04 APR 30 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0098176

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION
200 SOUTH BISCAYNE BLVD.
20TH FLOOR
MIAMI, FL 33131

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
KLEPACH, BERNARD
76 LA CORCE CIRCLE
MIAMI BEACH, FL 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

900035356809
05/03/04--01057--014 **600.00

DO NOT WRITE
IN THIS SPACE

12. 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TR