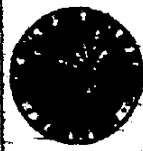


ANNUAL REPORT

DOCUMENT # P00000046841

1. Entity Name

OVERSEAS DUTY FREE INTERNATIONAL CORP.



FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90542 015 ***150.00

Principal Place of Business

P.O. BOX 402866
MIAMI BEACH, FL 33140

Mailing Address

P.O. BOX 402866
MIAMI BEACH, FL 33140

14014686

2. Principal Place of Business

P.O. Box 601072

3. Mailing Address

P.O. Box 601072

State, Apt. #, etc.

State, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

NORTH MIAMI BEACH FL

City & State

NORTH MIAMI BEACH FL

Zip
33160Country
USAZip
33160Country
USA

4. FEI Number

65-1021784

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ELLIOTT
 111 S.W. 3RD STREET
 6TH FLOOR
 MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 third party.

(NOTE: Registered Agent signature required when requesting.)

DATE

4/28/05

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

8. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 Allowance
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BURNS, MARY
PO BOX 601072
NORTH MIAMI BEACH, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
HARRIS, ELLIOTT
111 S.W. 3RD STREET, 6TH FLOOR
MIAMI, FL 33130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BURNS, MARY
P.O. Box 37
CAPE CANAVERAL, FL 32920 ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11.

04/28/05