

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P20101

(2)

To: Corporation Name

INFLIGHT DUTY FREE SHOP, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:33**

Principal Place of Business
**205-215 LEXINGTON AVE.
NEW YORK NY 10016**

Main Office Address
**205-215 LEXINGTON AVE.
NEW YORK NY 10016**

(DO NOT WRITE IN THIS SPACE)

21. Principal Place of Business	26. Mailing Address
22. State of Incorporation	27. State of Principal Office
23. City & State	28. City & State
24. Country	29. Zip
30. Country	31. Quality

3. Date of Incorporation or Qualification	3a. Date of Last Report
07/18/1988	06/21/1994
4. FEI Number	Applied For
13-3333615	☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TODD NADRICH
5040 SOUTHWEST 116TH AVENUE
COOPER CITY FL 33330**

10. Name and Address of New Registered Agent

81. Name	RANDALL BAAD
82. Street Address (P.O. Box Number is Not Acceptable)	10900 NorthWest 27th Street
83. City	Miami,
84. State	FL
85. Zip Code	33172

11. Pursuant to the provisions of Sections 607.06(1) and 607.15(8), 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 Sections 607.06(1) and 607.15(8), Florida Statutes.

SIGNATURE

[Signature]

4/14/95

12. OFFICERS AND DIRECTORS

1. NAME	VT
2. NAME	DHARMAGUNARATNE, TISSA
3. STREET ADDRESS	215 LEXINGTON AVENUE
4. CITY & STATE	NEW YORK NY
5. NAME	D
6. NAME	ROUFF, JEAN-MARCEL
7. STREET ADDRESS	215 LEXINGTON AVENUE
8. CITY & STATE	NEW YORK NY
9. NAME	PD
10. NAME	GENTITHES, THOMAS
11. STREET ADDRESS	215 LESINGTON AVENUE
12. CITY & STATE	NEW YORK NY
13. NAME	S
14. NAME	MAY, COLLEEN
15. STREET ADDRESS	215 LEXINGTON AVENUE
16. CITY & STATE	NEW YORK NY
17. NAME	D
18. NAME	COURT, JOHN
19. STREET ADDRESS	63 COPS HILL RD.
20. CITY & STATE	RIDGEFIELD CN
21. NAME	D
22. NAME	CARFORA, ALFRED
23. STREET ADDRESS	63 COPPS HILL RD.
24. CITY & STATE	RIDGEFIELD CN

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95

1. NAME	☐ Change ☐ Addition
2. NAME	☐ Change ☐ Addition
3. STREET ADDRESS	☐ Change ☐ Addition
4. CITY & STATE	☐ Change ☐ Addition
5. NAME	☐ Change ☐ Addition
6. NAME	☐ Change ☐ Addition
7. STREET ADDRESS	☐ Change ☐ Addition
8. CITY & STATE	☐ Change ☐ Addition
9. NAME	☐ Change ☐ Addition
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	☐ Change ☐ Addition
12. CITY & STATE	☐ Change ☐ Addition
13. NAME	☐ Change ☐ Addition
14. NAME	☐ Change ☐ Addition
15. STREET ADDRESS	☐ Change ☐ Addition
16. CITY & STATE	☐ Change ☐ Addition
17. NAME	☐ Change ☐ Addition
18. NAME	☐ Change ☐ Addition
19. STREET ADDRESS	☐ Change ☐ Addition
20. CITY & STATE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation and the removal or addition represented to occur on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a change or correction filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/95 212-213-5941