

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

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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39309** (0)

1. Corporation Name
CLUB DUTY FREE, INC.

Principal Place of Business 13801 N.W. 14TH ST., SUNRISE FL 33323	Mailing Address 13801 N.W. 14TH ST., SUNRISE FL 33323-2844
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2. Principal Place of Business 21 14051 NW 14th St Suite, Apt. #, etc. 22 City & State Sunrise, FL Zip 33323		2a. Mailing Address 26 14051 NW 14th St Suite, Apt. #, etc. 27 City & State Sunrise, FL Zip 33323		3. Date Incorporated or Qualified 06/16/1992		3a. Date of Last Report 02/07/1996	
23 33323		24 U.S.		4. FEI Number 65-0336614		Applied For <input type="checkbox"/> Not Applicable	
25 U.S.		28 U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 33323		30 U.S.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ARRASCAETA, GRACE 13801 NW 14TH ST., SUNRISE FL 33323				10. Name and Address of New Registered Agent 81 Name CT Corporation 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd 83 84 City Plantation FL 85 Zip Code 33324			
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: <i>Barbara A. Burke</i> BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY 1/9/97 (NOTE: Registered Agent signature required when reinstating)							

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	NAME	KERINS, TOM	1.1 TITLE	V	NAME	Vincent Tubito
STREET ADDRESS			13801 NW 14TH ST	1.2 NAME			14051 NW 14th St
CITY-ST-ZIP			SUNRISE FL	1.3 STREET ADDRESS			Sunrise, FL 33323
TITLE		NAME	CEOD	1.4 CITY-ST-ZIP			Sunrise, FL 33323
STREET ADDRESS			PENNACCHIO, JOSEPH	2.1 TITLE		NAME	CEO, P.D
CITY-ST-ZIP			13801 NW 14TH ST.	2.2 NAME			Isaac Argueta
TITLE	S	NAME	BOUDREAU, DAVID	2.3 STREET ADDRESS			14051 NW 14th St
STREET ADDRESS			13801 NW 14TH ST.	2.4 CITY-ST-ZIP			Sunrise, FL 33323
CITY-ST-ZIP			SUNRISE FL	3.1 TITLE		NAME	14051 NW 14th St
TITLE		NAME		3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		NAME	
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE		NAME	
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE		NAME	
TITLE		NAME		6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *DAVID Boudreau* **DAVID BOUDREAU** 1/9/97 954-846-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)