05-06-1999 90304 001 *1,050.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P39309

1. Corporation Name

CLUB DUTY FREE, INC.

Principal Place	e of Business	Mailing Address	Mailing Address								
14051 NW 14 S	т	14051 NW 14 ST	14051 NW 14 ST								
SUNRISE FL 33	323	SUNRISE FL 33323					DO NOT III	DITE 111 THE	ODACE		
US		US	US				DO NOT WRITE IN THIS SPACE				
						3. Date In	corporated or Qualife /1992	ea		;	
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Nui			Ar	plied For	
21		————— *	26			65-03	36614		No	ot Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.			1	<u> </u>		\$8.75	Additional	
22	.,	— ·	27			5. Certifca	te of Status Desired		Fee Re	equired	
City & State			City & State			6 Flection	Campaign Financin	a _	\$5.00	May Re	
23		28	28			I	und Contribution	a 🗆	Added 1	,	
Zip	Country		Zip Country				rporation owes the c	urrent vear Int	angible		
24 25 29			30			I	al Property Tax.	-	Yes	□No	
		Current Registered Agent	301				and Address of Nev	v Registered	Agent		
	3, 1101110 0110 1100 01			81	Name						
CT C	ORPORATION			[
1200	S PINE ISLAND RD			82	Street Add	idress (P.O. Box	Number is Not Acce	ptable)			
	TATION FL 33324			83				-			
				"							
				84	City			FL	85 Zip (Code	
11 Pursuant	to the provisions of Sections	607.0502 and 607.1508, Florida Statute	es, the al	DOV6	-named co	rporation submit	s this statement for t	he purpose of	changing its	registered	
office or n	edistered agent or both in th	e State of Florida. Such change was at e obligations of, Section 607.0505, Flor	uthorized	bv 1	the corpora	ation's board of d	irectors. I hereby acc	cept the appoi	ntment as re	gistered	
	Training With and accept the	0 02.1ga 01, 0									
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if applicable. (NOTE:	Registered	Agent	t signature requi	ired when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS		13.			ADDITIC	NS/CHANGES TO	FFICERS AN			
TITLE	V	☐ DELETE	1.1 TITLE						Change	☐ Addition	
NAME	TUBITO, VINCENT		1.2 NAM								
STREET ADDRESS	14051 NW 14 ST		1.3 STREE		ADDRESS						
CITY-ST-ZIP	SUNRISE FL		1.4 CF	1.4 CITY-ST-ZIP							
TITLE	CPD	☐ DELETE	2.1 TITLE						Change	☐ Addition	
NAME	ARGUETTY, ISAAC		2.2 NA	ME							
STREET ADDRESS	14051 NW 14 ST		2.3 ST	REET	ADDRESS						
CITY-ST-ZIP	SUNRISE FL			TY-S	\ \						
TITLE	S DELETE			ILE					Change	☐ Addition	
NAME	I			ME							
					ADDRESS						
STREET ADDRESS	SUNRISE FL				1						
CITY-ST-ZIP	DELETÉ			TY-5	1-219			_	Change	[] Addition	
TITLE		□ beteit	4.1 TIT								
NAME			4. 2 N								
STREET ADDRESS			1		ADDRE\$S						
CITY-ST-ZIP				TY-\$1	- ZIP			_	Change	☐ Addition	
TITLE		☐ DELETE	5.1 TII						Criainge	Addition	
NAME			5.2 NA								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 CI		-ZIP						
TITLE		☐ DELETE	6.1 711		\ \				Change	☐ Addition	
NAME			6.2 NA								
STREET ANNUESS			6.3 ST	REET	ADDRESS						

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR