

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000075965 (1)

1. Corporation Name

AMERICAN DUTY FREE CONSORTIUM INC.



Principal Place of Business

Mailing Address

550 BILTMORE WAY
SUITE 840
CORAL GABLES FL 33134
US

C/O PAVIA & HARCOURT ATTN: GEORGE M. PAVIA
800 MADISON AVENUE
NEW YORK NY 10022

3. Date Incorporated or Qualified 10/17/1994	3a. Date of Last Report 02/15/1995
4. FEI Number 65-0528373	Applied For 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
110 N MAGNOLIA STREET
TALLAHASSEE FL 32301

81. Name THE PRENTICE-HALL CORPORATION SYSTEM, INC.
82. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET
83. SUITE 105
84. City TALLAHASSEE
85. Zip Code FL 32301

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

Signature of person in charge of filing (if not a corporation, the officer or director)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GUALANDI, GIORGIO	1.1 TITLE	
NAME	550 BILTMORE WAY, SUITE 840	1.2 NAME	
STREET ADDRESS	CORAL GABLES FL	1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	D PANDOLFI, FERDINAND	2.1 TITLE	
NAME	VIA DEL FONDITORE 12	2.2 NAME	
STREET ADDRESS	BOLOGNA IT	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	D MARINI, JOLANDA	3.1 TITLE	
NAME	550 BILTMORE WAY, SUITE 840	3.2 NAME	
STREET ADDRESS	CORAL GABLES FL	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	S PAVIS, GEORGE M.	4.1 TITLE	
NAME	600 MADISON AVENUE 12TH FLOOR	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE M. PAVIA, SECY 8/1/96 212 980-3500

(Date)

(Typed Name)

CR2E034 (3/96)