

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000075965

FILED
Apr 14, 2004
Secretary of State

Entity Name: AMERICAN DUTY FREE CONSORTIUM INC.

Current Principal Place of Business:

550 BILTMORE WY
SUITE 840
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

550 BILTMORE WY
SUITE 840
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0529373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: MARINI, JOLANDA
Address: 550 BILTMORE WAY, SUITE 840
City-St-Zip: CORAL GABLES, FL

Title: S () Delete
Name: PAVIA, GEORGE M.
Address: 600 MADISON AVENUE 12TH FLOOR
City-St-Zip: NEW YORK, NY

Title: DP () Delete
Name: RAMENGHI, VANNI
Address: VIA DEL FONDITORE 12
City-St-Zip: BOLOGNA, IT

Title: D () Delete
Name: PASI, STEFANO
Address: VIA DE FONDITORE 12
City-St-Zip: BOLOGNA, IT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOLANDA MARINI

DPV

04/14/2004

Electronic Signature of Signing Officer or Director

Date