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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF CHATE
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600005406 (9)

SAI DUTY FREE, INC.

FILED Jun 13 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				Į	- I TORITORI SÃO PRÍSO OLÍTI ADSIL CONST DOÍTI ADSIC OLITI DOSCURIO DESICONIS			
755 NORTHWE MIAMI FL 3312	ST 72 AVENUE, PLAZA 19/25 6	755 NORTHWEST 72 AVENUE. PLAZA 19/25 MIAMI FL 33126								
•		\ <u>\</u> _\	WA				3. Date Incorporated or Qualified 01/17/1996	3a. Date	e of Last R	eport
2. Principal Pl	ace of Business	2a. Mailing /	Address				4. FEI Number		Ar	oplied For
21 755 NORTHWEST 72 AVE. 26 JH			HANGIMAL, SONIA				65- 0636019 Not Applicab			ot Applicable
Suite, Apt.		Suite, Ap					5. Certificate of Status Desired		\$8.75	Additional
	A # 19			91st,	STR	REET	B. CENTIONE OF CIAIGS SCOTTED		Fee Re	equired
City & State	9	City & St					6. Election Campaign Financing			May Be
	, FLORIDA 33126		I, FL				Trust Fund Contribution	<u> </u>		to Fees
Zip	Country	Zip 3317	6	Countr	У	i	8. This corporation has liability for i			. 199.032,
24	26 Name and Address of Current	[29]		30		L			No	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent THE LAW FIRM OF LAWRENCE LEDICOL CURTO 81 Name										
	LAW FIRM OF LAWRENCE J SPI	EGEL CHRID					GIMAL SONIA			
343 ALMERIA AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)					
COH	VAL GABLES FL 33134			83	 	9425	SW 91st Street			
				63	'l :	Miam	i, Fl 33176			
				84	City			FL	85 Zip	Code
44 0	to the provide of Continue 207 0500	CO2 1500 F	Clasida Ctatur	too the abou		Losmon	ating a should this atatement for the a		honeine i	lo conintere d
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 607.0805, Florida Statutes.										
SIGNATURE	Signature, typod or printed name of registered agent	rangem	~ /	11: Registered Ag	out sixed an	n too sirod i	und on enjoyerational	DATE		
12.	OFFICERS AND		• (1401	13.	ent signature	o regoired v	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	PTD		DELETE	1.1 TITLE		1	ADDITIONAL OF THE COLUMN		Change	Addition
NAME	JHANGIMAL, SONIA DIPU			1.2 NAME					_ •	_
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NAME				6.2 NAME			60000221	349	16	
STREET ADDRESS				6.3 STREE	T ADDRESS		60000221 -06/16/970114	1604	6	
CITY-ST-ZIP				6.4 CITY-	ST-ZIP	1	***165.00	•		ľ
	by cartify that the information supplied	with this films d	oor not aud			clated in		o Lfurther	cortify that	the

1 to nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 1.19.07(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.

CICNATURE.

Some D.

Charles >

04-04-97

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