

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 SEP 26 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000048737 (6)**

1. Corporation Name  
**DUTY FREE WATCH DISTRIBUTORS, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>2050 N.W. 94TH AVENUE<br/>MIAMI FL 33172</b> | Mailing Address<br><b>2050 N.W. 94TH AVENUE<br/>MIAMI FL 33172</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 2. Principal Place of Business<br>21 <b>8725 NW 18 TERR</b><br>Suite, Apt. #, etc.<br>22 <b>SUITE 300</b><br>City & State<br>23 <b>MIAMI FL</b><br>Zip<br>24 <b>33172</b> |  | 2a. Mailing Address<br>26 <b>8725 NW 18 TERR</b><br>Suite, Apt. #, etc.<br>27 <b>SUITE 300</b><br>City & State<br>28 <b>MIAMI FL</b><br>Zip<br>29 <b>33172</b> |  | 3. Date Incorporated or Qualified<br><b>06/07/1996</b>  |  | 3a. Date of Last Report                                |  |
|   |  |  |  | 4. FEI Number<br><b>65-0675727</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
|   |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required                  |  |
|   |  |  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees                     |  |
|   |  |  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

9. Name and Address of Current Registered Agent

**ABBOTT, ELIOT C ESQ  
C/O KELLEY DRYE & WARREN LLP  
201 SOUTH BISCAYNE BOULEVARD #2400  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **DAVID MARMOL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8725 NW 18 TERR**  
83 **SUITE 300**  
84 City **MIAMI** FL 85 Zip Code **33172**

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------|---|---|
| TITLE                      | <b>D</b>                     | 1.1 TITLE   | <b>800002306255-012</b>   |
| NAME                       | <b>MARMOL, DAVID</b>         | 1.2 NAME  | <b>-09/29/97--01121--003</b>                                      |
| STREET ADDRESS             | <b>2050 N.W. 94TH AVENUE</b> | 1.3 STREET ADDRESS                                    | <b>****550.00 ****550.00</b>                                      |
| CITY-ST-ZIP                | <b>MIAMI FL 33172</b>        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b>                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MARMOL, ISRAEL</b>        | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2050 N.W. 94TH AVENUE</b> | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33172</b>        | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 3.2 NAME  |   |
| STREET ADDRESS             |                              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 4.2 NAME  |   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 5.2 NAME  |   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 MARMOL**

9/9/97

2050 NW 94th Ave

CR2E034 (4/97)