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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90020 002 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000019728

1. Corporation Name

Principal Place of Business

SIGNATURE:

TRANSATLANTIC DUTY FREE (USA) INC.

C/O WHITMAN BREED ABBOTT & MORGAN LLP 220 SUNRISE AVENUE PALM BEACH FL 33480		C/O WHITMAN BREED ABBOTT & MORGAN LLP 220 SUNRISE AVENUE PALM BEACH FL 33480			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/02/1998			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For	
c/o Tra	insatlantic Duty Free				58-2377955		Not	Applicable	
Suite, Apt. 1 1512 E	Inc. #, etc. Last Broward	Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & State	vard (Suite 201) uderdale, Florida	City & State			6. Election Campaign Financing Trust Fund Contribution				
Zip 24 33301	Country 25 U.S.	Zip 29 30	Country	·	This corporation owes the current year Ir Personal Property Tax.	Yes	<u> </u>	□No	
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Registered	Agent		———	
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Name Street	ddress (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525			83						
			84	City	FI	85	Zip Co	ode	
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 a	nd title if applicable. (NOTE: Re	gistered Age	nt signature i	required when reinstating) DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A				
TITLE		☐ DELETE	1.1 TITLE		President and Secretary John Gillen	☐ Ch	ange	Addition ☑	
NAME					1512 East Broward Boulevard	(511	ito	201)	
STREET ADDRESS						3301	100	201)	
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	ST-ZIP		Cµ	ange	■ Addition	
TITLÉ					Vice President		ugo	LAI TOURIST	
NAME			2.2 NAME		Jon H.I. Grouf			}	
STREET ADDRESS	<u></u>			TADDRESS				·	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	New York, New York 10166	∏Ch	2000	X Addition	
TITLE`		☐ DELETE	3.1 TITLE		Director		ariye	[X] Addition	
NAME			3.2 NAME		Dr. Jurgen O. Korth			i	
STREET ADDRESS			3.3 STREE	T ADDRESS	Kreuzplatz 20, Postfach				
CITY-ST-ZiP			3.4. CITY-	ST-ZIP_	CH-8032 Zurich, Switzerland			Addition	
TITLE		☐ DELETE	4.1 TITLE	-		Ch	ange	☐ Addibbir	
NAME			4, 2 NAME		·			,	
STREET ADDRESS				TADDRESS	}				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				□ Addition	
TITLE	}	☐ DELETE	5.1 TITLE			□ Ch	ıary e	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	-		5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	ange	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ET ADDRESS				ļ	

6.4 CITY-ST-ZIP

14. 1 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 eport is true find 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 received in trustee 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 received in trustee and that my name appears in Block 12 or Block 13 if changed, or on an attackment with a firess, with all other like empowered.