

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 13 AM 10:06**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H97474 (1)**

**1. Corporation Name  
AIRPORT PROPERTIES OF MIAMI, INC.**

**Principal Place of Business Mailing Address**  
**C/O SIREN MANAGEMENT CORP C/O SIREN MANAGEMENT**  
**40 EXCHANGE PL 40 EXCHANGE PLACE**  
**NEW YORK NY 10005 NEW YORK NY 10005**  
**US US**

DO NOT WRITE IN THIS SPACE.

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

**3. Date Incorporated or Qualified 3a. Date of Last Report**  
**02/03/1986 06/13/1994**  
**4. FEI Number Applied For**  
**13-3393855 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

**9. Name and Address of Current Registered Agent**  
**RETTET, DANIEL C/O YBA**  
**3191 CORAL WAY, STE 702**  
**MIAMI FL 33145**

**10. Name and Address of New Registered Agent**  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 Zip Code**

**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 date of registration) \_\_\_\_\_ (Signature, typed or printed name of new registered agent and date of registration) \_\_\_\_\_ (Date)

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>MAYER, ROBERT J.</b>
<b>STREET ADDRESS</b>	<b>40 EXCHANGE PL</b>
<b>CITY, ST, ZIP</b>	<b>NEW YORK NY</b>
<b>TITLE</b>	<b>DV</b>
<b>NAME</b>	<b>RETTET, DANIEL C/O YBA</b>
<b>STREET ADDRESS</b>	<b>3191 CORAL WAY, STE 702</b>
<b>CITY, ST, ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY, ST, ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY, ST, ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY, ST, ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY, ST, ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY, ST, ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY, ST, ZIP</b>	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed qualify for the exemptions stated in Section 119.07(4)(b), 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 as an attachment with an address.**

**SIGNATURE:** *[Signature]* **1-9-95 212-483-0700**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR