

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 8:11

DOCUMENT # **P93000007724 (6)**

1. Corporation Name

AIRPORT CORRIDOR OFFICES, INC.

Principal Place of Business

701 BRICKELL AVE.
SUITE 1600 (RFH)
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE.
SUITE 1600 (RFH)
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/01/1993

3a. Date of Last Report
03/16/1994

2. Principal Place of Business

21 **1101 Brickell Avenue**

2a. Mailing Address

26 **c/o Loeb, Block, Wacksman**

4. FEI Number

65-0385635

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite 1400**

Suite, Apt. #, etc.

27 **505 Park Avenue, 9th Floor**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **Miami, Florida**

City & State

28 **New York, New York**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 **33131**

Country

25 **USA**

Zip

29 **10022**

Country

30 **USA**

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HUDSON, ROBERT F JR.
701 BRICKELL AVE.
SUITE 1600 (RFH)
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **Bloom, Leonard H.**
82 Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Avenue
83 **Suite 1400**
84 City **Miami** **FL** 85 Zip Code **33131**

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

Robert F. Hudson

Leonard H. Bloom

4/3/95

(Sign or typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RIGGALL, MURRAY C
STREET ADDRESS	THE TROPIC ISLE BUILDING
CITY, ST, ZIP	TORTOLA BR
TITLE	DVPT
NAME	FLEETWOOD, JOHN P
STREET ADDRESS	THE TROPIC ISLE BUILDING
CITY, ST, ZIP	TORTOLA BR
TITLE	DS
NAME	GAUL, ROBIN F
STREET ADDRESS	THE TROPIC ISLE BUILDING
CITY, ST, ZIP	TORTOLA BR
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Massac, Linda	
13 STREET ADDRESS	The Tropic Isle Building	
14 CITY, ST, ZIP	Tortola, BR	
21 TITLE	DVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Hewlett, Gath A.T.	
23 STREET ADDRESS	The Tropic Isle Building	
24 CITY, ST, ZIP	Tortola, BR	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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:

Robin F. Gaul

Robin F. Gaul, DS 3/20/95

201 1191 2616

(Sign or typed or printed name of signing officer or director)

(Date)

(Official Phone #)