

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90104 025 ***150.00

DOCUMENT # P94000008360

1. Corporation Name
AMERIPORT CORP.

Principal Place of Business
400 KINGS POINT DRIVE
UNIT 211
MIAMI BEACH FL 33160

Mailing Address
400 KINGS POINT DRIVE
UNIT 211
MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1994

4. FEI Number
65-0465343

Applied For
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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2506 PONCE DE LEON

26 2506 PONCE DE LEON

22 Suite, Apt. #, etc.
CORAL GABLES Blvd.

27 Suite, Apt. #, etc.
BLVD.

23 City & State
FLA. 33134

28 City & State
CORAL GABLES FL

24 Zip
Country

29 Zip
Country

25 Miami Dade

30 Miami Dade

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

10. Name and Address of New Registered Agent

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 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/99

12. OFFICERS AND DIRECTORS

TITLE PS
NAME PEREZ, DAVID
STREET ADDRESS % 400 KINGS POINT DRIVE, UNIT 211
CITY-ST-ZIP MIAMI BEACH FL 33160

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME David Perez-Ginart
1.3 STREET ADDRESS 210- 174th Street No.2212
1.4 CITY-ST-ZIP Miami Beach, Fla.33160

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-99

305-940-9691

CR2E034 (11/98)