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Apr 27, 1999 8:00 am
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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000046475**

1. Corporation Name
PANTHER AIRPORT, INC.



Principal Place of Business: 155 SOUTH MIAMI AVENUE, 11TH FLOOR, MIAMI FL 33130
 Mailing Address: 155 SOUTH MIAMI AVENUE, 11TH FLOOR, MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/22/1998**
 4. FEI Number: **65-0836414**
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required
 6. Election Campaign Financing: **\$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: Suite, Apt. #, etc. **Suite PH-2A**
 City & State: **MIAMI FL**
 Zip: **33130**
 Country: **USA**

9. Name and Address of Current Registered Agent:
BLAXBERG, GRAYSON & SINGER, P.A.
25 SOUTHEAST 2ND AVENUE
SUITE 730
MIAMI FL 33131

10. Name and Address of New Registered Agent:
 81 Name: **Jeff Krinsky**
 82 Street Address (P.O. Box Number is Not Acceptable): **155 S. Miami Avenue, PH-2A**
 83 City: **Miami**
 84 State: **FL**
 85 Zip Code: **33130**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIRLIN, DANIEL	
STREET ADDRESS	155 SOUTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33130	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Krinsky, Jeff
2.3 STREET ADDRESS	155 S. Miami Avenue, PH-2A
2.4 CITY-ST-ZIP	Miami, FL 33130

14. I 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, with a folder like empowered.

SIGNATURE: **X** **4.16.99** **305-374-5155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)