

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M16802** (4)
1. Corporation Name
MIAMI INTERNATIONAL AIRPORT CARGO FACILITIES & SERVICES, INC.



Principal Place of Business 4333 AMON CARTER BLVD MD 5675 FT. WORTH TX 76155	Mailing Address 4333 AMON CARTER BLVD MD 5675 FT. WORTH TX 76155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/14/1985	
25		30		4. FEI Number 59-2550848	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTY, DONALD J	1.2 NAME	
STREET ADDRESS	4333 AMON CARTER BLVD. MD 5675	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76155	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINN, G J	2.2 NAME	Bella G. Goren
STREET ADDRESS	4333 AMON CARTER BLVD MD 5675	2.3 STREET ADDRESS	4333 Amon Carter Blvd., MD 5675
CITY-ST-ZIP	FT. WORTH TX	2.4 CITY-ST-ZIP	Fort Worth, TX 76155
TITLE	GM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QEMMELL, JOHN	3.2 NAME	
STREET ADDRESS	4333 AMON CARTER BLVD. MD 5675	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76155	3.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JEFFREY M	4.2 NAME	Jeffrey C. Campbell
STREET ADDRESS	4333 AMON CARTER BLVD. MD 5675	4.3 STREET ADDRESS	4333 Amon Carter Blvd., MD 5675
CITY-ST-ZIP	FT. WORTH TX 76155	4.4 CITY-ST-ZIP	Fort Worth, TX 76155
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLETT, CHARLES D	5.2 NAME	
STREET ADDRESS	4333 AMON CARTER BLVD. MD 5675	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76155	5.4 CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELEWSKI, THOMAS J	6.2 NAME	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX	6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)

SIGNATURE _____ DATE **4/22/98** **812-912-1250**