

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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 06/14/1985	
4. FEI Number 59-2550848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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. City
84. State 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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTY, DONALD J	
STREET ADDRESS	4333 AMON CARTER BLVD. MD 5675	
CITY-ST-ZIP	FT. WORTH TX 76155	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GINN, G J	
STREET ADDRESS	4333 AMON CARTER BLVD MD 5675	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	GM	<input type="checkbox"/> DELETE
NAME	GEMMELL, JOHN	
STREET ADDRESS	4333 AMON CARTER BLVD. MD 5675	
CITY-ST-ZIP	FT. WORTH TX 76155	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, JEFFREY M	
STREET ADDRESS	4333 AMON CARTER BLVD. MD 5675	
CITY-ST-ZIP	FT. WORTH TX 76155	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARLETT, CHARLES D	
STREET ADDRESS	4333 AMON CARTER BLVD. MD 5675	
CITY-ST-ZIP	FT. WORTH TX 76155	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	ZELEWSKI, THOMAS J	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5675	
CITY-ST-ZIP	FT. WORTH TX	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	Bella G. Goren
2.4 CITY-ST-ZIP	4333 Amon Carter Blvd., MD 5675 Fort Worth, TX 76155
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VT
4.3 STREET ADDRESS	Jeffrey C. Campbell
4.4 CITY-ST-ZIP	4333 Amon Carter Blvd., MD 5675 Fort Worth, TX 76155
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

Handwritten signatures and dates: "D. Marlett" 4/22/98 812-917-1251

CR2E034 (10/97)