

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90308 027 ***150.00

DOCUMENT # M47652

1. Entity Name

INTERNATIONAL AIRPORT MANAGEMENT, INC.



Principal Place of Business

P.O. BOX 998018
MIAMI FL 33299

Mailing Address

11570 S.W. 72 AVENUE
MIAMI FL 33156

J4U4J044



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2814238

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GHRAOUI, ALI N.
11570 S.W. 72 AVENUE
MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

ACCOUNTS

9. Election Campaign Financing
Trust Fund Contribution

**\$3.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	GHRAOUI, ALI N.	
STREET ADDRESS	11570 SW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VENDOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INVOICE NO	
STREET ADDRESS	1147652	
CITY-ST-ZIP	15000	
TITLE	DISCOUNT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DISTRIBUTION	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	850-3321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30-	
STREET ADDRESS	30-	
CITY-ST-ZIP	30-	
TITLE	30-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30-	
STREET ADDRESS	30-	
CITY-ST-ZIP	30-	
TITLE	30-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30-	
STREET ADDRESS	30-	
CITY-ST-ZIP	30-	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

417104

Date

305 876 7474

Daytime Phone #