

9-22-97

B-8440-C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005224 (9)

1. Corporation Name

MIAMI AIRPORT PARTNERS, INC.

FILED
Sep 22 1997 8:00am
Secretary of State



Principal Place of Business ATTN: MITCH SIEGEL P O BOX 520637 MIAMI FL 33152		Mailing Address ATTN: MITCH SIEGEL P O BOX 520637 MIAMI FL 33152	
2. Principal Place of Business 21		2a. Mailing Address 26	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip		25 Country	
29 Zip		30 Country	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/1995	3a. Date of Last Report 09/23/1996
4. FEI Number 65-0614887	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

10. Name and Address of New Registered Agent

SIEGEL, MITCH
C/O FINE AIR
2261 NW 87TH AVE BLDG 707
MIAMI FL 33152

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	86
83	87
84 City	88

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEMMELL, JOHN A	1.2 NAME	GEMMELL, JOHN A.
STREET ADDRESS	C/O MIA/CFS 5600 NW 38 ST., STE 502	1.3 STREET ADDRESS	C/O MIA/CFS, 11651 N.W. 68th Ave., Bldg. 706
CITY-ST-ZIP	MIAMI FL 33122	1.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINE, BARRY	2.2 NAME	PETERSON, STEVEN K.
STREET ADDRESS	C/O FINE AIR 2261 NW 87 AVE	2.3 STREET ADDRESS	C/O ADVANCE CARGO, 2461 N.W. 67th Ave.
CITY-ST-ZIP	MIAMI FL 33122	2.4 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, ERIC	3.2 NAME	PEREZ-LAODY, GIL
STREET ADDRESS	C/O TAMPA AIRLINES 6440 NW 18 ST., D-2145	3.3 STREET ADDRESS	C/O CHALLENGE AIR CARGO, P.O. Box 523999
CITY-ST-ZIP	MIAMI FL 33152	3.4 CITY-ST-ZIP	MIAMI, FL 33152
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, on an attachment with an address.

SIGNATURE REQUIRED John A. Gemmell et al. and Steven K. Peterson

CR2E037 (4/97)