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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000079500 (0)

AIRPORT EXECUTIVE OFFICES, INC.

## FILED Feb 24 1997 8:00am Secretary of State



Principal Fta	nce of Business	Mailing Address					Marte Mate :	Milks Actic A	
20801 BISCAYNE BLVD. STE 302 AVENTURA FL 33180		20801: BISCAYNE B	20801 BISCAYNE BLVD. STE 302 AVENTURA FL 33180-1422						
ATENIONA ,	2 44140	· · · · · · · · · · · · · · · · · · ·				3. Date Incorporated or Qualified 09/25/1996	3a. Dat	e of Last	Report
2. Principal	Place of Business	2a. Mailing Addres	38			4. FEI Number			Applied For
<u> </u>		26				65-0698550	<del></del>		Not Applicable
Suite Αρ	t. # -6tu	Suite, Apt, #, e	ito.			5. Certificate of Status Desired			Additional Required
City & St	ato	City & State				6. Election Campaign Financing			O May Be
3	• • • •	28				Trust Fund Contribution			of to Fees
Zifi	Country	Zip		Country	******	8. This corporation has liability for in			s. 199.032,
4	25	29	30				Yes [	·	
• • ••••• • •••• • • • • • • • • • • •	9. Name and Address of C	urrent Registered Agent		81		10. Name and Address of New Reg	pistered A	gent	
	OPOLD, KAREN S			81	Name				
	801 BISCAYNE BLVD. STE 5	01		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
A۱	/ENTURA FL 33180			83		***************************************			
									·····
				84	Crty		FI	<b>85</b> Zi	p Code
1. Pursuar	it to the provisions of Sections 60	7.0502 and 607.1508, Florida	a Statutes, th	ne above	-named corr	poration submits this statement for the pr	urpose of	changing	its registere
f office or agent 1	r registered agent, or both, in the Lant familiar with, and accept the	State of Florida, Such change obligations of Section 607.05	e was author 505. Florida	rized by Statutes	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	the appo	intment a	as registered
		g , ,	• • • • • • • • • • • • • • • • • • • •						
IGNATOR	5-gnature, typed or present name of registe				nt signature requi	red when reinstating)	DATE		
2.	5-gration, typed or persol name of registe OFFICER	S AND DIRECTORS		13.	nt signature requi	red when reinstating?  ADDITIONS/CHANGES TO OFFIC			
<b>2.</b>	Signature, types or present name of register OFFICER  D		ETE 1	<b>13.</b> 1.1 TITLE	nt signature requi			DIRECTO	
<b>2.</b> ITEE AME	OFFICER  D  LECHTER, ROBERT S	S AND DIRECTORS	ETE 1	<b>13.</b> 1.1 TITLE 1.2 NAME					
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PRINTED NAME OF SIGNING OFFICER OF DIRECTOR THE CHARLES AND ASSOCIATION DISSIGNING OFFICER OF DIRECTOR OF DIRECTOR