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

PROFIT CORPORATION ANNUAL REPORT, 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P97000095163 (6)

FILED Mar 24 1998 8:00am Secretary of State

AIRLIN	E PROPE	RTY	INC.								I (ATI)ATI SIR IBIH SBAH RRYH ATIH ATIH ADIH SBIRI AHTI HEIR ANGA MIN IARI
Principal Plac	ce of Busines	s		Mailing Address							-
999 PONCE DE LEON BLVD STE. 1110 999 PONCE DE LEON											
CORAL GABLES FL 33134					CORAL GABLES FL 33134						DO NOT WRITE IN THIS SPACE
											3. Date Incorporated or Qualified
											10/24/1997
2. Principal Place of Business					2a. Mailing Address						4. FEI Number Applied For
21					26						Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional
22 Chyl State					City & State						Fee Required
City & State					⊢						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	-		Country	28	Zip		TCc	untry	,		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24	İ	25	•	29]		30	,			Personal Property Tax due June 30. Yes No
			Address of Currer		stered	Agent	1001	T			10. Name and Address of New Registered Agent
RA	POPORT, A	LLE	1 J					81	Name	·	
999 PONCE DE LEON BLVD., STE. 111								82	Street	Addres	ss (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134									Circoi	7100,00	30 (1.10) BOX Hamber to Hot/Hoodplable;
								63			
								64	City		85 Zip Code
									- 7		FL " '
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 register 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 registers agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE											
12.	Signature, typed	or paris	of name of registered agr OFFICERS AN				13.		nt signature	e tednited	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		OFFICE (IS AN	DINE	010110	DELETE		IITLE		1	Change Addition
NAME	RAPOPO	ORT.	ALLEN J			7		NAME		D	
STREET ADDRESS 999 PONCE DE LEON BLVD.,					STE. 1110			G			anche, Julio C.
CITY-ST-ZIP	CORAL GABLES FL 33134										55 Collins Avenue #807
TITLE						DELETE	211		-	Su	rfside, FL 33154 Change Addition
NAME							2.21	NAME			
STREET ADDRESS							2.3 9	STAEET.	ADDRESS		
CITY-ST-ZIP							2. 4	ÇITY-S	37 - 7 1P		
TITLE						DELETE	3.1 1	ITLE			☐ Change ☐ Addition
NAME							3.2 1	IAME			
STREET ADDRESS							3.3 9	TREET	ADDRESS		
CITY-ST-ZIP								CITY-S	T-ZIP	<u> </u>	
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TITLE						T DETEIL	5.1 T				Change Addition
NAME STREET ADDRESS							5.2 N		*UDDECC		SK 3/21/
STREET ADDRESS									ADDRESS		117-49
CITY-ST-ZIP TITLE						DELETE	6.1 T	HTY-ST	-LIP	-	10000246743Phange Addition
NAME							6.2 N				-03/25/3801004034
STREET ADDRESS									ADDRESS		***150.00
CITY-ST-ZIP								ITY-ST			
	ertify that the	infor	mation supplied w	ith this	filina da	oes not qualify f				ed in Se	ection 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.