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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000044320**

1. Corporation Name
**MIAMI DADE INTERNATIONAL AIRPORT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2900 W 84TH ST<br>HIALEAH FL 33016 | 2900 W 84TH ST<br>HIALEAH FL 33016 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/15/1998

2. Principal Place of Business
21 3789 W. 18 AVE.
22 Suite, Apt. #, etc.
23 City & State: HIALEAH, FL
24 Zip: 33012 25 Country: DADE

2a. Mailing Address
26 3789 W. 18 AVE.
27 Suite, Apt. #, etc.
28 City & State: HIALEAH, FL
29 Zip: 33012 30 Country: DADE

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DR
SUITE 700
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ADRIAN, PEDRO | | 1.2 NAME | | |
| STREET ADDRESS | 2460 SW 137 AVE, SUITE 238 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33175 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AJAGBE, OLABODE A | | 2.2 NAME | | |
| STREET ADDRESS | 3875 NW 82 AVE, SUITE 306 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33166 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | HERRERA, CARLOS JR | | 3.2 NAME | | |
| STREET ADDRESS | 2900 W 84TH ST | | 3.3 STREET ADDRESS | 3789 W. 18 AVE | |
| CITY-ST-ZIP | HIALEAH FL 33016 | | 3.4 CITY-ST-ZIP | HIALEAH, FL 33012 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JUDY, RICHORD | | 4.2 NAME | | |
| STREET ADDRESS | 5757 NW 11 ST, SUITE 160 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33126 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MAS, JUAN C | | 5.2 NAME | | |
| STREET ADDRESS | 10441 SW 187 ST | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | REPETTO, MARIO | | 6.2 NAME | | |
| STREET ADDRESS | 1701 BELLE HAVEN RD | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALEXANDRIA VA 22307 | | 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, with all other like empowered.

**SIGNATURE:** _____ 2-16-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)