

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 09 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 758370 (1)
 1. Corporation Name
 TAMIAIR PARK CONDOMINIUM NO. 1 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 13824 SOUTHWEST 142 AVENUE, MIAMI FL 33186, US
 Mailing Address: ~~13824 SOUTHWEST 142 AVENUE, MIAMI FL 33186, US~~

3. Date Incorporated or Qualified: 05/15/1981

4. FEI Number: 59-2128870
 Applied For: Not Applicable

2. Principal Place of Business: 21 Suite, Apt. #, etc.
 22 City & State: 23 MIAMI, FL.
 24 Zip: 25 33186 Country: 29 USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required NO

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees NO

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: MCKAY, CHARLES, 9245 S.W. 157 STREET #103, MIAMI FL 33157

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of sections 617.0502 and 617.1506, 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: *Charles F. McKay* CHARLES F. MCKAY 1 Sept 98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCKAY, CHARLES	
STREET ADDRESS	9245 S.W. 157 ST. #103	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	VILLA, MARIANELA	
STREET ADDRESS	13838 SOUTHWEST 142 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	OD	<input checked="" type="checkbox"/> DELETE
NAME	GOOTHORPE, CRAIG	
STREET ADDRESS	13826 S.W. 142 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SERGE VILLA	<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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD VILLA, SERGE
3.3 STREET ADDRESS	13836 S.W. 142 AV
3.4 CITY-ST-ZIP	MIAMI, FL. 33186
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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, or on an attachment with an address.

SIGNATURE: *Charles F. McKay* 11 Sept 1998

CR2E037 (5/98)