

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 758136 (6)

1. Corporation Name

AIRPORT INDUSTRIAL CENTER CONDOMINIUM WAREHOUSE, INC.

Principal Place of Business

**7987 NW 33RD STREET
MIAMI FL 33122-1001**

Mailing Address

**TPS MANAGEMENT
P.O. BOX 661554
MIAMI SPRINGS FL 33266-1554**



3. Date Incorporated or Qualified
11/24/1981

3a. Date of Last Report
04/20/1995

4. FEI Number
59-2163382

Applied For
Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOSS, DAVID M
C/O WORLD OFFICE PRODUCTS
6073 NW 167TH ST, C - 5
MIAMI FL 33015**

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 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MOSS, DAVID M**
STREET ADDRESS **6073 NW 167TH ST C - 5**
CITY - ST - ZIP **MIAMI FL**

TITLE ☒ DELETE
NAME ~~**GARCIA, JORGE**~~
STREET ADDRESS ~~**7967 NW 33 STREET**~~
CITY - ST - ZIP ~~**MIAMI FL**~~

TITLE ☒ DELETE
NAME ~~**LOPEZ, JOSE**~~
STREET ADDRESS ~~**7986 NW 33RD ST**~~
CITY - ST - ZIP ~~**MIAMI FL**~~

TITLE ☐ DELETE
NAME **CONNORS, ROBERT M**
STREET ADDRESS **6073 NW 167TH ST C-5**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **MONZON, JUAN CARLOS**
STREET ADDRESS **2390 NW 79TH AVE**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D LOPEZ, JORGE**
STREET ADDRESS **7985 NW 33RD ST**
CITY - ST - ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert M. Connors
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 1996
DATE

Daytime Phone #

CR2E037 (12/95)