

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **758136** (6)

1. Corporation Name

AIRPORT INDUSTRIAL CENTER CONDOMINIUM WAREHOUSE, INC.

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified

11/24/1981

4. FEI Number

59-2163382

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**VD
NAME
MONZON, JUAN CARLOS
STREET ADDRESS
32280 N.W. 79 AVE.
CITY - ST - ZIP
MIAMI FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

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

3290 NW 79 AVE

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 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 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*

March 9, 1998 (305) 593-2225

CR2E037 (10/97)