

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90003 004 ****61.25

DOCUMENT # N9500005449

1. Corporation Name

Miami Air West Trade Center C.A. Inc

Principal Place of Business

Mailing Address

40 Property Management Services Corp
6299 Coral Way
Miami, FL 33155



* 5 597017 - 90003 - 4 7 *

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 7212 NW 56 ST

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

Not Applicable

23 Miami, FL

28 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 33166 25 Dade

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Property Management Services Corp.

82 Street Address (P.O. Box Number is Not Acceptable)

82 99 Coral Way

83

84 City Miami

FL

85 Zip Code 33155

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	
TITLE	P/D
NAME	SPANGENBERG, Jens
STREET ADDRESS	5518 N.W. 572 Ave.
CITY-ST-ZIP	Miami, FL 33166
TITLE	V/P
NAME	Soler, Ana
STREET ADDRESS	7212 NW 56 ST
CITY-ST-ZIP	Miami, FL 33166
TITLE	S/D
NAME	Delgado, Gonzalo
STREET ADDRESS	7214 NW 56 ST
CITY-ST-ZIP	Miami, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/99

Date

305-2644250

Daytime Phone #

CR2E037 (11/98)