

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

1/28 **FILED**
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000002142	
1. Entity Name THE INTERNATIONAL AIR CARGO ASSOCIATION, INC.	

Principal Place of Business 5600 NORTHWEST 36TH STREET., SUITE 62 MIAMI FL 33166	Mailing Address P.O. BOX 661510 MIAMI FL 33266-1510
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 41-2087428	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, BROOKS C 1690 WACHOVIA FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature not used when reinstating) DATE

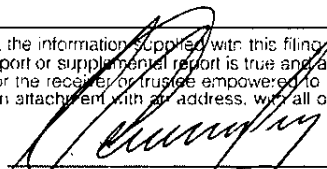
FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BARTEK, GARY P.O. BOX 661510 MIAMI FL 33266-1510 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOISEN, JACK P.O. BOX 661510 MIAMI FL 33266-1510 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, DANIEL C P.O. BOX 661510 MIAMI FL 33266-1510 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, GEORGE P.O. BOX 661510 MIAMI FL 33266-1510 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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02/14/08-80021-016 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  01/29/08 786-265-7011