

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005449

**Entity Name:** MIAMI AIR/WEST TRADE CENTER CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Feb 12, 2018**  
**Secretary of State**  
**CC6919712017****Current Principal Place of Business:**UNLIMITED PROPERTY MANAGEMENT, LLC  
7665 NW 50 STREET  
MIAMI, FL 33166**Current Mailing Address:**UNLIMITED PROPERTY MANAGEMENT, LLC  
7665 NW 50 STREET  
MIAMI, FL 33166 US**FEI Number: 65-0630631****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**UNLIMITED PROPERTY MANAGEMENT, LLC  
7665 NW 50 ST  
MIAMI, FL 33166 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title            PRESIDENT  
Name            CASTRO , LUCY  
Address        7665 NW 50 STREET  
City-State-Zip: MIAMI FL 33166Title            VP  
Name            MATOS , JAVIER  
Address        7665 NW 50 STREET  
City-State-Zip: MIAMI FL 33166Title            S  
Name            PIÑON , JUAN  
Address        7665 NW 50 STREET  
City-State-Zip: MIAMI FL 33166Title            TREASURER  
Name            CHAPETON, GUILLERMO  
Address        7665 NW 50TH STREET  
City-State-Zip: MIAMI FL 33166Title            DIRECTOR  
Name            MORZAN, CRISTIAN  
Address        7665 NW 50TH STREET  
City-State-Zip: MIAMI FL 33166Title            DIRECTOR  
Name            EDSON , FORIN  
Address        7665 NW 50TH STREET  
City-State-Zip: MIAMI FL 33166Title            DIRECTOR  
Name            CORTES, ALVARO  
Address        7665 NW 50TH STREET  
City-State-Zip: MIAMI FL 33166

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CASTRO, LUCY****PRESIDENT****02/12/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date