

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 JUN 25 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 155895
1. Corporation Name
TAMLAIR WAREHOUSES CONDO ASSOCIATION, INC.
WORLDWIDE

Principal Place of Business Mailing Address
**C/O Miami Management
14275 SW 142 Avenue
Miami, FL 33186**

REINSTATEMENT 95-99

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	September 30, 1980	Not Applicable
22 City & State	27 City & State	4. FEI Number	
23 Zip Country	28 Zip Country	59-1387466	
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**Carlos Triay
999 Ponce De Leon Blvd
Suite # 110
Coral Gables, FL 33146**

10. Name and Address of New Registered Agent
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]* DATE: 4/14/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Michael Kurtz	
STREET ADDRESS	14059 S.W. 142 Street	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Charles Dalhstrom	
STREET ADDRESS	11560 SW 91 Terrace	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Richard Lazarus	
STREET ADDRESS	1501 East 10 Avenue	
CITY-ST-ZIP	Hialeah, FL 33010	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Marcy Kurtz	
STREET ADDRESS	14059 SW 142 Street	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	

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***481.25 ***481.25

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 either like empowered.

SIGNATURE: *[Signature]* DATE: 4/14/99 305-378-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)