SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756425

(5)

TAMIAMI AIRPORT WAREHOUSES CONDOMINIUM ASSOCIATI ON, INC.																	
Principal Place of Business Malling Address													BUT DITED BINI GIBIU (LA	INI MILI MINI		JH E(UH	I BABAN (BABA
13901 SW 140 STŘEET MIAMI FL 33188					13901 SW 140 STREET MIAMI FL 33186						3. Date Incorp. 02/19/1				Anni	ed For	
											59-2511					pplicable	
2. 21	Principal F	rincipal Place of Business			2a. Mailing Address 26						•••••	5. Certificate o	f Status Desired			5 Add	ditional rired
	Suite, Apt. #, etc.				Suite, Apt. #, etc.						6. Election Car	npaign Financing		\$5.0	0 ма	y Be	
22				2	27						Trust Fund (U		d to F	ees	
23	City & Star	ity & State			City & State						i	7. Is this nonpr	rofit corporation a h	nomeown Yes	ers associa	tion?	
4.5	Zip		Country		Z	ip	- T	Count	try			8. This corpora	ition owes or has p			intano	oible
24			25		9		30					Personal Pro	operty Tax due Jur	ne 30.	1 √6s		-
9. Name and Address of Current Registered Agent												10. Name and	Address of New F	Registere	d Agent		
								8	B1	Name	Lin	JOA C	SIMS				
KOCH, VALERIE								Ē	B2	Street /	ddres	Iress (P.O. Box Number Is Not Acceptable)					
13901 SW 140 STREET								B3	13	201	1 SW 14	O STREET	2				
MIAMI FL 331 96								Ľ									
								8	B4	City A	MA	WI		F	85 Z	ip Co	86
11.	Pursuant t	ons of sections 617.0	502 and 6	617.15	08, Florida Statu	e above	-na	med cor	poratio	on submits this sta	tement for the pur						
	 Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was autho agent. I am familiar with, and accept the obligations of, section 617.0503, Florida. 									e corpor	BUON S	Doard of director	s. I nereby accept			egiste	ILAO
SI	GNATURE.	<u>unol</u>	C SIMS				\n	ida	7	٠ - ١	1/2	1100		7-6	-98		
12		Signature, types	OFFICERS				(NOTE:	13.	Age	ent signature	9 required	d when reinstating)	CHANGES TO OF	DATE FICEDS A	ND DIREC	TOPS	2 IN 12
TITL		D	OTTOLING	AIID DI	NEO!	DELETE		1.1 TITU	E			ADDITIONS	TIANGLO TO OF	I IOLING A	Chang		Addition
NAA	NAME STEINBRING, STEVE							1.2 NAM	Æ							,~ L	
			/ 140 ST.					1.3 STRE	EETA	NDDRESS							
CITY-ST-ZIP MIAMI FL			.33186					1.4 CITY	/-ST-2	ZIP							
TITL	.E	\$				Z DELETE		2.1 TITL	E		SE	CRETARY	•		Chang	je [Addition
NAN	Æ	KOCH, VALERIE						2.2 NAME			41	NOA C. SIMS					_
			01 S W 140 STREET									901 SW 140 STREET					
	Y-ST-ZIP	MIAMI FL									M	IAMI P	<u> </u>	196			
TITL			MHELLY			DELETE		3.1 TITU		- 1					Chang	}е [_	Addition
NAA	_	DONALLY						3.2 NAM	_								
	EET ADDRESS	13973 SV Miámi Fl	33196					3.4 CITY		ADDRESS							
TITL	Y-ST-ZIP F	VD VD	-200			DELETE		4.1 TITU	-	<u> </u>						F	Addition
NAS		DAWSON	TOM			□ DETE 1E		4.2 NAM							Charg	J o [_	Addition
	STREET ADDRESS 13977 S.W. 140TH ST.				4.3 STREET ADDRESS												
	Y-ST-ZIP	MIAMI FL	38186					4.4 CITY									
TITL		P				DELETE		5.1 TITLI	_	1					Chang	ie [Addition
NAN	Æ		KI, WALTER						5.2 NAME							_	
STR	EET ADDRESS		W. 140TH ST.					5.3 STRE	EET A	ADDRESS							
CITY	Y-ST-ZIP	MIAMI FL	33186					5.4 CITY	4ST-2	ZIP							
TITL	.E	D ;	<u> </u>			DELETE		6.1 TITLI	E		DI	RECTOR_		·	Chang)e [Addition
NAM	AE	ALEZONE	s, isaias					6.2 NAM	ξE	-	31	AVIER (CRUZ		_		
STR	EET ADDRESS	13 95 7 SW	140TH ST					6.3 STRE	EETA	DORESS	13	985 SV	URUZ V 140_S	TREE	T		

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 is supplemental annual report is true and socurate 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:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED

Jul 16 1998 8:00am °

Secretary of State