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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757110

1. Corporation Name

TAMIAIR INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

14055 SOUTHWEST 142ND AVE., UNIT 16
MIAMI FL 33186-6739

Mailing Address

14055 SOUTHWEST 142ND AVE., UNIT 16
MIAMI FL 33186-6739



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/02/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2106285	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				X \$8.75 Additional Fee Required	
6. Election Campaign Financing				5.00 May Be Added to Fees	
Trust Fund Contribution					
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SMITH, GLEN E. 7357 WEST FLAGLER STREET MIAMI FL 33144			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 Leon T Carangi Jr. Pres.

DATE 3-10-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	PO
NAME	LEE, ROBERT W	1.2 NAME	Carangi, Leon T. Jr.
STREET ADDRESS	13360 S.W. 99 TERRACE	1.3 STREET ADDRESS	10861 SW 108 ST.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fla. 33176
TITLE	VD	2.1 TITLE	VD
NAME	THOMPSON, PAUL A	2.2 NAME	Garcia, David
STREET ADDRESS	15500 S W 57TH STREET	2.3 STREET ADDRESS	10814 SW 88 St. Unit R-1
CITY-ST-ZIP	MIAMI FL 33193	2.4 CITY-ST-ZIP	Miami, Fla. 33176
TITLE	SD	3.1 TITLE	
NAME	MAYHEW, PAUL	3.2 NAME	
STREET ADDRESS	1237 RAVEN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	LEE, ELEANOR	4.2 NAME	Thompson, Paul A.
STREET ADDRESS	13360 SW 99 TERRACE	4.3 STREET ADDRESS	15500 SW 57 ST.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Fla. 33193
TITLE	D	5.1 TITLE	D
NAME	CARANGI, LEON	5.2 NAME	Lee, Robert W
STREET ADDRESS	BUG BUSTER INC/14055 S W 142ND AVENUE, 140	5.3 STREET ADDRESS	13360 SW 99 Terr.
CITY-ST-ZIP	MIAMI FL 33186	5.4 CITY-ST-ZIP	Miami, Fla. 33186
TITLE	D	6.1 TITLE	
NAME	ELALOUF, VICTOR	6.2 NAME	
STREET ADDRESS	15560 SW 111 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	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:

Leon T Carangi Jr
President

3-8-99 205-233-7222
Date Daytime Phone #

CR2E037 (1/98)