

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758136 (6)

1. Corporation Name

**AIRPORT INDUSTRIAL CENTER CONDOMINIUM WAREHOUSE,
INC.**

Principal Place of Business

Mailing Address

**7987 NW 33RD STREET
MIAMI FL 33122-1001**

**TPS MANAGEMENT
P.O. BOX 661534
MIAMI SPRINGS FL 33266-1534**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1981

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2163382

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOSS, DAVID M
C/O WORLD OFFICE PRODUCTS
6073 NW 167TH ST, C - 5
MIAMI FL 33015**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOSS, DAVID M
STREET ADDRESS	6073 NW 167TH ST C - 5
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	GARCIA, JORGE
STREET ADDRESS	7987 NW 33 STREET
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	LOPEZ, JOSE I
STREET ADDRESS	7985 NW 33RD ST
CITY - ST - ZIP	MIAMI FL
TITLE	ST
NAME	CONNORS, ROBERT M
STREET ADDRESS	6073 NW 167TH ST C-5
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	MONZON, JUAN CARLOS
STREET ADDRESS	2390 NW 79TH AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	LOPEZ, JORGE
STREET ADDRESS	7985 NW 33RD ST
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Robert M. Connors
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SECRETARY/TREASURER

March 10, 1995 *305-593-2495*
Date (Anytime From 8