

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90028 021 \*\*\*\*61.25

**DOCUMENT # 758136**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**TPS MANAGEMENT  
P.O. BOX 661554  
MIAMI SPRINGS FL 33266-1554**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Alexander E. Sorell**

Street Address (P.O. Box Number is Not Acceptable)

**224 Datura Street Ste. #1315**

City

**West Palm Beach**

**FL**

Zip Code  
**33401**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **MOSS, DAVID M**  
STREET ADDRESS **6073 NW 167TH ST C - 5**  
CITY-ST-ZIP **MIAMI FL**

TITLE **ST** ☒ Delete  
NAME **CONNORS, ROBERT M**  
STREET ADDRESS **6073 NW 167TH ST C-5**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Delete  
NAME **MONZON, JUAN CARLOS**  
STREET ADDRESS **3290 NW 79 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete  
NAME **LOPEZ, JORGE**  
STREET ADDRESS **7985 NW 33RD ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/T/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jorge Lopez**

Date

Daytime Phone #

**2/26/04 305 588 5582**