

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90051 018 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759539**

1. Corporation Name  
**TAMAIR INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 14228 SW 142 AVE. MIAMI FL 33186	Mailing Address 14228 SW 142 AVE. MIAMI FL 33186
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2. Principal Place of Business 21 12532 S.W. 8 <sup>th</sup> Street Suite, Apt. #, etc. 22 Miami, Florida City & State	2a. Mailing Address 28 12532 S.W. 8 <sup>th</sup> Street Suite, Apt. #, etc. 27 Miami, Florida City & State	3. Date Incorporated or Qualified 08/10/1981	4. FEI Number 59-2814189	Applied For <input type="checkbox"/> Not Applicable
23 Zip 33184 Country Dade	29 Zip 33184 Country Dade	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent HOLLINGER, JOHN D. 14228 SW 142 AVE. MIAMI FL 33186.	10. Name and Address of New Registered Agent 81 Name <b>Eduardo Fortoul</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>12532 S.W. 8<sup>th</sup> Street</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33184</b>
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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: Eduardo Fortoul **Eduardo Fortoul PD** DATE: **03/22/99**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME HOLLINGER, JOHN D.	1.1 TITLE PD	Fortoul, Eduardo
STREET ADDRESS 14228 S.W. 142ND AVENUE	CITY-ST-ZIP MIAMI, FL 00000	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	12532 S.W. 8 <sup>th</sup> Street MIAMI, FL. 33184
TITLE STD	NAME FORTOUL, EDUARDO	2.1 TITLE STD	Hollinger, John D.
STREET ADDRESS 9056 SW 112 PLACE	CITY-ST-ZIP MIAMI FL	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	14228 S.W. 142 <sup>nd</sup> AVE MIAMI, FL. 33186
TITLE D	NAME CARNEY, LANCE	3.1 TITLE D	Margarita Maria de Serna
STREET ADDRESS 14220 SW 142 AVE.	CITY-ST-ZIP MIAMI FL	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	11489 S.W. 40 <sup>th</sup> Street MIAMI, FL. 33165
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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 in an attachment with an address, with all other like empowered.

SIGNATURE: Eduardo Fortoul DATE: **3/22/99** (305) 551-7214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1-1798)