

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005449 (2)

1. Corporation Name

MAIMI AIR/WEST TRADE CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

328 CRANDON BLVD.
SUITE 221-C
KEY BISCAYNE FL

Mailing Address

328 CRANDON BLVD.
SUITE 221-C
KEY BISCAYNE FL

3. Date Incorporated or Qualified
11/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8880 NW 20th St

26 8880 NW 20th Street

4. FEI Number
65-0630631

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite N
City & State

27 Suite N
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Miami, Florida 33172

28 Miami, Florida 33172

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRAZOLA, ANGEL
328 CRANDON BLVD.
SUITE 221-C
KEY BISCAYNE FL

81 Name
Angelo Pomares
82 Street Address (P.O. Box Number is Not Acceptable)
8880 NW 20th St
83 Suite N
84 City
Miami, FL 85 Zip Code
33172

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ANGELO C. POMARES

6/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME IRAZOLA, ANGEL
STREET ADDRESS 328 CRANDON BLVD., SUITE 221-C
CITY-ST-ZIP KEY BISCAYNE FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CAPPELLETI, JAVIER
STREET ADDRESS 328 CRANDON BLVD., SUITE 221-C
CITY-ST-ZIP KEY BISCAYNE FL ☒ DELETE

2.1 TITLE DIRECTOR
2.2 NAME MARIA LARREA
2.3 STREET ADDRESS 328 CRANDON BLVD. SUITE 221-C
2.4 CITY-ST-ZIP KEY BISCAYNE, FL 33149 ☒ Change ☐ Addition

TITLE D
NAME CAPPELLETI, JAVIER
STREET ADDRESS 328 CRANDON BLVD., SUITE 221-C
CITY-ST-ZIP KEY BISCAYNE FL ☒ DELETE

3.1 TITLE DIRECTOR
3.2 NAME SAMUEL OATS
3.3 STREET ADDRESS 328 CRANDON BLVD. SUITE 221-C
3.4 CITY-ST-ZIP KEY BISCAYNE, FL 33149 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL IRAZOLA

Date

Daytime Phone #

CR2E037 (12/95)

Bank deposit # 6125