

FILED
May 04, 2004 8:00 am
Secretary of State

DOCUMENT # N95000005449

1. Entity Name

MIAMI AIR/WEST TRADE CENTER CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

5561 NW 74 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Address

435 SW 123 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33184

Country

USA

6. Name and Address of Current Registered Agent

CORBO-RODRIGUEZ & ASSOCIATES

435 SW 123RD AVE

MIAMI, FL 33184

Name

Street Address

City

8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	CAPUTO, DENIS	
STREET ADDRESS	5575 NW 74 AVE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZARATE, ROBERTO	
STREET ADDRESS	7344 NW 56 ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALDERIN, ROBERTO	
STREET ADDRESS	5561 NW 74 AVE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REYES, MIGUEL	
STREET ADDRESS	5565 NW 74 AVE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAGO, PABLO	
STREET ADDRESS	7314 NW 56 ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 603.01(2)(b) of the Florida Statutes, Chapter 603, Part II, F.S., indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 603, Part II, F.S., 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