FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713047 (9)

1. Corporation Name

WASHINGTON CENTER CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
524 WAHSINTON AVE S309 302 MIAMI BEACH FL 33139 US	524 WASHINGTON AVE S309 302 MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1967
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1259698 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26 524 WASHINGTON AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 APT 302
City & State 23	City & State 28 MIAMI BEACH FL
Zip / Country 24 / 25	Zip / Country 29 33139 / 30

9. Name and Address of Current Registered Agent

POLISAR, JONATHAN
524 WASHINGTON AVE
S309
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: Diaz , Armiro
82 Street Address (P.O. Box Number is Not Acceptable): 524 Washington Ave. Apt. 302
83
84 City: Miami Beach FL 85 Zip Code: 33139

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 _____ FEB 28 1995
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ARROYO, HECTOR	1.2 NAME	Arroyo, Hector	
STREET ADDRESS	524 WASHINGTON AVE	1.3 STREET ADDRESS	524 Washington Ave.	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami Beach, Fl.	
TITLE	TSD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	POLISAR, JONATHAN	2.2 NAME	Polisar, Jonathan	
STREET ADDRESS	524 WASHINGTON AVE 309	2.3 STREET ADDRESS	524 Washington Ave	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami Beach. Fl	
TITLE	D	3.1 TITLE	T D	☒ Change ☐ Addition
NAME	DIAZ, ARMIRO	3.2 NAME	Diaz, Armiro	
STREET ADDRESS	524 WASHINGTON AVENUE	3.3 STREET ADDRESS	524 Washington Ave. Apt. 302	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Miami Beach, Fl.	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, SHIRLEY	4.2 NAME		
STREET ADDRESS	524 WASHINGTON AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP		
TITLE	DP	5.1 TITLE		☒ Change ☐ Addition
NAME	GUILMARTIN, ROBERT	5.2 NAME		
STREET ADDRESS	524 WASHINGTON AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	VP S D	☒ Change ☐ Addition
NAME	SAVINO, A	6.2 NAME	Savino, Anthony	
STREET ADDRESS	524 WASHINGTON AVENUE	6.3 STREET ADDRESS	524 Washington Ave.	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	Miami Beach, Fl.	

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)(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 on an attachment with an address.

SIGNATURE: Jonathan Polisar Sec. Treasurer 1/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007745