

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 # 713047 (9)

1. Corporation Name

WASHINGTON CENTER CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

524 WAHSINTON AVE
302
MIAMI BEACH FL 33139
US

524 WASHINGTON AVE
APT 302
MIAMI BEACH FL 33139
US

3. Date Incorporated or Qualified
07/07/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 524 Washington Ave

22 City & State 27 Apt. # 100

23 Zip 28 Miami Beach Fl.

24 Country 29 33139 30

4. FEI Number

59-1259698

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, ARMIRO
524 WASHINGTON AVE. APT 302
S309
MIAMI BEACH FL 33139

81 Name

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

83

84 City

FL

85 Zip Code

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 renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME ARROYO, HECTOR
STREET ADDRESS 524 WASHINGTON AVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE

NAME POLISAR, JONATHAN
STREET ADDRESS 524 WASHINGTON AVE 309
CITY-ST-ZIP MIAMI BEACH FL

TITLE TD ☐ DELETE

NAME DIAZ, ARMIRO
STREET ADDRESS 524 WASHINGTON AVE. APT 302
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE

NAME MILLER, SHIRLEY
STREET ADDRESS 524 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL

TITLE DP ☒ DELETE

NAME GUILMARTIN, ROBERT
STREET ADDRESS 524 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL

TITLE VPSP ☒ DELETE

NAME SAVINO, A
STREET ADDRESS 524 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL

11 TITLE P D

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE S D

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE D

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE D

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Konarsky, Kristina
524 Washington Ave
Miami Beach, FL.

Jonathan Polisar
524 Washington Ave
Miami Beach FL.

Harry Muserlian
524 Washington Ave
Miami Beach, FL.

Eduardo Elizondo
524 Washington Ave.
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)(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

March 19, 1996

(305) 531-5359

CR2E037 (12/95)