FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
May 22 1998 8:00am
Secretary of State

DOCUMENT 713047

1. Corporation Name
WASHINGTON CENTER CONDO, INC.

Principal Place of Business
524 Washington Ave.
Miami Beach, Fl. 33139

Mailing Address
524 Washington Ave. #100.
Miami Beach, Fl. 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number 59-1259698

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

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

8. This corporation owes or has paid the current year intangible Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Kristina Kanarski
524 Washington Ave.
Miami Beach, Fl. 33139

10. Name and Address of New Registered Agent
81 Name: Kristina Kanarski
82 Street Address (P.O. Box Number Not Acceptable): 524 Washington Ave.
83
84 City: Miami Beach, FL 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, the above-named corporation submits the above-named person as 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: Kristina Kanarski - president. 4-28-98
Signature (Typed or Printed Name of Registered Agent and title if applicable) (Date) (Registered Agent Signature required when not filing)

12. OFFICERS AND DIRECTORS

TITLE President NAME Kristina Kanarski STREET ADDRESS 524 Washington Ave. CITY-ST-ZIP Miami Beach, Fl. 33139	☐ DELETE
TITLE Director NAME Chris Heyne STREET ADDRESS 524 Washington Ave. CITY-ST-ZIP Miami Beach, Fl. 33139	☐ DELETE
TITLE Director NAME Bob Gillmartin STREET ADDRESS 524 Washington Ave. CITY-ST-ZIP Miami Beach, Fl. 33139	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONAL OFFICERS AND DIRECTORS

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Delete ☐ Add
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Delete ☐ Add
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Delete ☐ Add
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Delete ☐ Add
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Delete ☐ Add
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Delete ☐ Add

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***150.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kristina Kanarski
Kristina Kanarski - president 4-28-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

020021