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Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90166 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713047

1. Corporation Name
WASHINGTON CENTER CONDOMINIUM, INC.

Principal Place of Business
524 WASHINGTON AVE
SUITE 103
MIAMI BEACH FL 33139
US

Mailing Address
524 WASHINGTON AVE
SUITE 103
MIAMI BEACH FL 33139

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
County

Mailing Address
Suite, Apt. #, etc.
City & State
Zip
County

3. Date Incorporated or Qualified
07/07/1967

4. FEI Number
59-1256698
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. Name and Address of Current Registered Agent
KONARSKI, KRISTINA
524 WASHINGTON AVE
202
MIAMI BEACH FL 33139

8. Name and Address of New Registered Agent
Name*
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

9. Pursuant to the provisions of Section 617.0503 and if applicable, Section 617.0803, 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, that position.

SIGNATURE

DATE

10. OFFICERS AND DIRECTORS

	TITLE P NAME KONARSKI, KRISTINA STREET ADDRESS 524 WASHINGTON AVE CITY-ST-ZIP MIAMI BEACH FL 33139	DELETE
	TITLE D NAME HEYNE, CHRIS STREET ADDRESS 524 WASHINGTON AVE CITY-ST-ZIP MIAMI BEACH FL 33139	DELETE
	TITLE D NAME GILLMARTIN, BOB 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

	TITLE D NAME Osvaldo Porticos STREET ADDRESS 524 Washington Avenue Apt. 207 CITY-ST-ZIP Miami Beach Fl 33139	Change Addition
	TITLE NAME Eduardo Elizaldo MD STREET ADDRESS D 524 Washington Ave. Apt 101 CITY-ST-ZIP Miami Beach Fl 33139	Change Addition
	TITLE D NAME Estela Leal. STREET ADDRESS 524 Washington Ave Apt 306 CITY-ST-ZIP Miami Beach Fl 33139	Change Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

CROSSOV (11/98)

12. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

2/12/99
DATE

NAME OF SIGNING OFFICER OR DIRECTOR