

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 717456 (8)

1. Corporation Name  
 363 WASHINGTON CONDOMINIUM, INC.



Principal Place of Business: 363 WASHINGTON AVENUE MIAMI BEACH FL 33139  
 Mailing Address: 363 WASHINGTON AVENUE MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 10/29/1969  
 3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 363 Washington Ave  
 2a. Mailing Address: Same as above  
 22. Suite, Apt. #, etc: #45 314  
 27. Suite, Apt. #, etc: #34  
 23. City & State: Miami beach, FL  
 28. City & State: M.B. Fla  
 24. Zip: 33139  
 25. Country: Dade  
 29. Zip: 33139  
 30. Country: Dade

4. FEI Number: 59-1318528  
 Applied For:  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  
 RILEY, KATHLEEN D  
 363 WASHINGTON AVE  
 #45  
 MIAMI BEACH FL 33139  
 Timothy Guila  
 363 Washington Ave  
 M.B. Fla  
 33139

10. Name and Address of New Registered Agent  
 81 Name: Timothy Guila  
 82 Street Address: 363 Washington Ave  
 83 Box Number: M.B. Fla  
 84 City: Miami Beach  
 85 Zip Code: FL 33139

11. Pursuant to the provisions of Sections 647.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I hereby accept the appointment as registered agent.  
 SIGNATURE: [Signature] President of Bd. of Directors 6/24/96  
 Registered Agent signature required when reinstating: [Signature] DATE

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	Timothy Guila	DELE	<input type="checkbox"/>
NAME		RILEY, KATHLEEN D	PRES.		
STREET ADDRESS		363 WASHINGTON AVE			
CITY-ST-ZIP		MIAMI BEACH, FL 0			
TITLE	V	NAME	Tim Guila	DELE	<input checked="" type="checkbox"/>
NAME		Tim Guila			
STREET ADDRESS		363 WASHINGTON AVE			
CITY-ST-ZIP		MIAMI BEACH, FL 0			
TITLE	T	NAME	Helen Kirschenbaum	DELE	<input type="checkbox"/>
NAME		KIRSCHENBAUM, HELEN	Treasurer		
STREET ADDRESS		363 WASHINGTON AVE			
CITY-ST-ZIP		MIAMI BEACH, FL 0			
TITLE	S	NAME	Nilda Jimenez	DELE	<input type="checkbox"/>
NAME		JIMENEZ, NILDA	vice president		
STREET ADDRESS		363 WASHINGTON AVE			
CITY-ST-ZIP		MIAMI BEACH, FL 0			
TITLE	V	NAME	Ginabeth Reilly	DELE	<input type="checkbox"/>
NAME		VALAZICUS, TONY	Secretary		
STREET ADDRESS		363 WASHINGTON AVE			
CITY-ST-ZIP		MIAMI BEACH, FL 0			
TITLE	B	NAME	Gabi Luce	DELE	<input checked="" type="checkbox"/>
NAME		LUCE, GABI	president		
STREET ADDRESS		363 WASHINGTON AVE.			
CITY-ST-ZIP		MIAMI BEACH FL			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	NAME	Timothy Guila	Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
13 STREET ADDRESS		363 Washington Ave					
14 CITY-ST-ZIP		MIAMI BEACH, FL 33139					
21 TITLE	D	NAME	Anthony Gomez	Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
22 NAME		Anthony Gomez					
23 STREET ADDRESS		363 Washington Ave					
24 CITY-ST-ZIP		MIAMI BEACH, FL 33139					
31 TITLE	D	NAME	Michael J Rayhill	Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
32 NAME		Michael J Rayhill					
33 STREET ADDRESS		363 Washington Ave					
34 CITY-ST-ZIP		MIAMI BEACH, FL 33139					
41 TITLE	D	NAME	Michael J Rayhill	Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
42 NAME		Michael J Rayhill					
43 STREET ADDRESS		363 Washington Ave #31					
44 CITY-ST-ZIP		MIAMI BEACH, FL 33139					
51 TITLE		NAME		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
52 NAME							
53 STREET ADDRESS							
54 CITY-ST-ZIP							
61 TITLE		NAME		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
62 NAME							
63 STREET ADDRESS							
64 CITY-ST-ZIP							

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: Helen Kirschenbaum, Treasurer 7/21/96  
 Date: 6/24/96  
 Daytime Phone #: 305-534-7805  
 0007234

CR2E037 (3/96)