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
21 363 Washington Ave
22 Suite, Apt. #, etc. #45 31+
23 City & State Miami Beach, FL
24 Zip 33139 25 Country Dade

2a. Mailing Address
26 Same 363 Washington Ave M B Fla
27 Suite, Apt. #, etc. #34
28 City & State M B Fla
29 Zip 33139 30 Country Dade

4. FEI Number 59-1318528 ☒ 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
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 Lucia 363 Washington Ave M B Fla 33139

10. **Name and Address of New Registered Agent**
81 Name Timothy Lucia 363 Washington Ave M B Fla
82 Street Address (P.O. Box number not acceptable) 33139
83
84 City FL 85 Zip Code 33139

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. The name and address of the registered agent and office is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities as registered agent under the Florida Statutes.

SIGNATURE: [illegible] President of Bd. of Directors 6/24/96
(Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P Timothy Lucia	☐ DELETE
NAME	~~RILEY, KATHLEEN D~~	
STREET ADDRESS	363 WASHINGTON AVE Pres	
CITY-ST-ZIP	MIAMI BEACH,FL 0	
TITLE	VP-presidnt	☑ DELETE
NAME	~~DELO, [illegible]~~ Tim ~~Lucia~~	
STREET ADDRESS	363 WASHINGTON AVE same address	
CITY-ST-ZIP	MIAMI BEACH,FL 0 all below	
TITLE	T	☐ DELETE
NAME	KIRSCHENBAUM, HELEN Treasurer	
STREET ADDRESS	363 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH,FL 0 same address	
TITLE	S Dali Pedroso	☐ DELETE
NAME	~~JIMENEZ, NILDA~~	
STREET ADDRESS	363 WASHINGTON AVE vice president	
CITY-ST-ZIP	MIAMI BEACH,FL 0 same address	
TITLE	VS Elizabeth Reilly Pico	☐ DELETE
NAME	~~VALAZICUS, TONY~~	
STREET ADDRESS	363 WASHINGTON AVE Secretary address	
CITY-ST-ZIP	MIAMI BEACH,FL 0 same	
TITLE	B	☑ DELETE
NAME	LUCE, GABI ~~Director~~ vice	
STREET ADDRESS	363 WASHINGTON AVE. president	
CITY-ST-ZIP	MIAMI BEACH FL same address	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Same President	☐ Change ☑ Addition
1.2 NAME	Timothy Lucia	
1.3 STREET ADDRESS	363 Washington Ave Miami Beach	
1.4 CITY-ST-ZIP	FL 33139	
2.1 TITLE	D Dali Pedroso	☐ Change ☑ Addition
2.2 NAME		
2.3 STREET ADDRESS	363 Washington Ave	
2.4 CITY-ST-ZIP	MB Fla 33139	
3.1 TITLE	D Anthony Gonzalez	☐ Change ☑ Addition
3.2 NAME		
3.3 STREET ADDRESS	363 Washington Ave	
3.4 CITY-ST-ZIP	MB Fla 33139	
4.1 TITLE	D Michael J Rayhill	☐ Change ☑ Addition
4.2 NAME	363 Washington Ave #31	
4.3 STREET ADDRESS	Miami Beach, FL 33139	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	700001910757	☐ Change ☐ Addition
6.2 NAME	-08/01/96--01043--046	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

8/1/12

CR2E037 (3/96)

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: [illegible] 6/24/96 305-534-7805
SIGNATURE AND TITLE Helen Kirschenbaum treasurer 7/21/96 Date Daytime Phone #

0007234