

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90045 028 *****61.25

DOCUMENT # 717456

1. Corporation Name

363 WASHINGTON CONDOMINIUM, INC.

Principal Place of Business

**363 WASHINGTON AVENUE
#34
MIAMI BEACH FL 33139**

Mailing Address

**363 WASHINGTON AVENUE
#34
MIAMI BEACH FL 33139**



2. Principal Place of Business

21 **363 Wash Ave**
Suite, Apt. #, etc.

2a. Mailing Address

26 **as above**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
10/29/1969

4. FEI Number
59-1318528

Applied For
Not Applicable

22 City & State
MB F

23 Zip Country
33139 FL

27 City & State
MB F

28 Zip Country
33139 FL

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

**QUICK, TIMOTHY
363 WASHINGTON AVE 33
MIAMI BEACH FL 33139**

no changes

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **QUICK, TIMOTHY**
STREET ADDRESS **363 WASHINGTON AVE 33**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VP** ☐ DELETE
NAME **PACHECO, GALI**
STREET ADDRESS **363 WASHINGTON AVE 25**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ DELETE
NAME **GONZALEZ, ALBERTO**
STREET ADDRESS **363 WASHINGTON AVE 43**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **T** ☐ DELETE
NAME **KIRSCHENBAUM, HELEN**
STREET ADDRESS **363 WASHINGTON AVE 34**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **S** ☐ DELETE
NAME **REILLY, ELIZABETH**
STREET ADDRESS **363 WASHINGTON AVE 45**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ DELETE
NAME **ENRIQUE, LAVAS**
STREET ADDRESS **363 WASHINGTON AVE 41**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

same

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

11

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

11

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

61

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

11

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 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: *Helen Kirschenbaum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *Jan 7 1999* Phone # *99*

CR2E037 (1/98)