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 # 725082

1. Corporation Name
Winston Towers 300 Association, Inc.

WINSTON TOWER 300 ASSN.
Principal Place of Business **230-174TH STREET** Mailing Address
MIAMI BEACH, FL 33160

3. Date Incorporated or Qualified: 12/19/72
3a. Date of Last Report: 04/21/95

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1457500 ☐ 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

Steinbock, Ruby P.
230-174 St. Apt. 1020
Miami Beach, FL 33160

10. Name and Address of New Registered Agent

81 Name: Anthony A. Kalliche
82 Street Address (P.O. Box Number is Not Acceptable): Becker & Poliakoff, P.A.
83 5201 Blue Lagoon Dr. #100
84 City: Miami **FL** 85 Zip Code: 33126

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] Camara for Anthony A. Kalliche, Esq. DATE: 7-9-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME	PRESIDENT: ELEANOR BRANDMAN ☐ DELETE
STREET ADDRESS	230-174th ST.
CITY-ST-ZIP	APT. 2211
TITLE / NAME	VICE PRES: SANDOR HAUSMAN ☐ DELETE
STREET ADDRESS	230-174th St.
CITY-ST-ZIP	APT. 1620
TITLE / NAME	VICE PRES: RUTH SNYDERMAN ☐ DELETE
STREET ADDRESS	230-174th St.
CITY-ST-ZIP	APT. 1108
TITLE / NAME	TREASURER: IDA REISS ☐ DELETE
STREET ADDRESS	230 174th St.
CITY-ST-ZIP	APT. 910
TITLE / NAME	Secretary: CLARA NACKSON ☐ DELETE
STREET ADDRESS	230 174th. St.
CITY-ST-ZIP	APT. 519
TITLE / NAME	DIRECTOR: LOUIS KRAKOWSKY ☐ DELETE
STREET ADDRESS	230-174th St.
CITY-ST-ZIP	APT. 1615

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME	DIRECTOR: LOUIS ARONOFF ☐ Change ☐ Addition
1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	230-174th St. APT. 1618
2.1 TITLE / 2.2 NAME	DIRECTOR: JONAS ROTH ☐ Change ☐ Addition
2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	230-174th St. APT. 412
3.1 TITLE / 3.2 NAME	DIRECTOR: JOSE CALZADILLA ☐ Change ☐ Addition
3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	230-174th. St. APT. 2215
4.1 TITLE / 4.2 NAME	☐ Change ☐ Addition
4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	
5.1 TITLE / 5.2 NAME	☐ Change ☐ Addition
5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
6.1 TITLE / 6.2 NAME	☐ Change ☐ Addition
6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

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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: [signature] Date: 6-28-96 Daytime Phone #: (305)932-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR