

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0205544

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90053 041 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # J70149

1. Corporation Name
2129 WASHINGTON AVENUE, INC.



| | |
|---|---|
| Principal Place of Business 1024 OCEAN DR. MIAMI BEACH FL 33139 | Mailing Address 1024 OCEAN DR. MIAMI BEACH FL 33139 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/28/1987 | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-2794559 | | Applied For <input type="checkbox"/> No Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip Country | 28 Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Zip Country | 29 Zip Country | 30 | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent GREER, EVELYN LANGLIEB 2400 SOUTH DIXIE HWY. MIAMI FL 33133 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name Jerrold Wish | | 82 Street Address (P.O. Box Number is Not Acceptable) Greenberg, Traurig 1221 Brickell Avenue | | | |
| 83 City Miami, | | 84 State FL | | 85 Zip Code 33131 | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jerrold Wish DATE: 4/21/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------------------|--|---|--|
| TITLE PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME ALEXANDRU, ADRIAN | | 1.2 NAME Richard L. Layfield | |
| STREET ADDRESS 689-86 ST | | 1.3 STREET ADDRESS 1052 Ocean Drive, #2216 | |
| CITY-ST-ZIP BROOKLYN NY | | 1.4 CITY-ST-ZIP Miami Beach, FL 33139 | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME Kathy Layfield | |
| STREET ADDRESS | | 2.3 STREET ADDRESS 1052 Ocean Drive, #2216 | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP Miami Beach, FL 33139 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME Jacqueline Villamayor | |
| STREET ADDRESS | | 3.3 STREET ADDRESS 1052 Ocean Drive, #2216 | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP Miami Beach, FL 33139 | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (1/98)