

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

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

04-27-1999 90053 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **J70149**

1. Corporation Name

**2129 WASHINGTON AVENUE, INC.**

Principal Place of Business

Mailing Address

**1024 OCEAN DR.  
MIAMI BEACH FL 33139**

**1024 OCEAN DR.  
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1987**

4. FEI Number

**59-2794559**

Applied For

☐ No 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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24**

**25**

2a. Mailing Address

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

**27** City & State

**28** Zip Country

**29**

**30**

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**

**83**

**1221 Brickell Avenue**

**84** City

**Miami,**

**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**

**4/21/99**

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	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALEXANDRU, ADRIAN</b>	
STREET ADDRESS	<b>689-86 ST</b>	
CITY-ST-ZIP	<b>BROOKLYN NY</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Richard L. Layfield</b>	
1.3 STREET ADDRESS	<b>1052 Ocean Drive, #2216</b>	
1.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	

2.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Kathy Layfield</b>	
2.3 STREET ADDRESS	<b>1052 Ocean Drive, #2216</b>	
2.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	

3.1 TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Jacqueline Villamayor</b>	
3.3 STREET ADDRESS	<b>1052 Ocean Drive, #2216</b>	
3.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 (11/98)