

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB - 1 AM 11:49

**DOCUMENT # P94000079248 (8)**

1. Corporation Name

**WASHINGTON FINANCIAL CORPORATION**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 2899 COLLINS AVE UNIT 1739 MIAMI BEACH FL 33140

Mailing Address: 2899 COLLINS AVE UNIT 1739 MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: 10/28/1994

3a. Date of Last Report: \_\_\_\_\_

2. Principal Place of Business

21. 245 SE 1st St. Suite, Apt. #, etc. SUITE 420-B

22. City & State MIAMI, FLORIDA

23. Zip 33131 Country DADE

24. 26. 245 SE 1st St. Suite, Apt. #, etc. SUITE 420-B

27. City & State MIAMI, FLORIDA

28. Zip 33131 Country DADE

29. 30. 33131 DADE

4. FEI Number: 65-0540093

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

~~ROTH, LEONARDO A~~  
~~8350 S DIXIE HWY~~  
~~PENTHOUSE 2~~  
~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent

81 Name: JOSE M. VEGA

82 Street Address (P.O. Box Number is Not Acceptable): 25 S.E. 2 AVE # 201

83 \_\_\_\_\_

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: *[Signature]* DATE: 1/10/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MONTIEL, OSCAR
STREET ADDRESS	2899 COLLINS AVE UNIT 1739
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	VST
NAME	MONTIEL, OSCAR
STREET ADDRESS	2899 COLLINS AVE UNIT 1739
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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)(b), 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: 1/10/95 (305) 530-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: OSCAR MONTIEL