

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000079248 (8)**

1. Corporation Name:  
**WASHINGTON FINANCIAL CORPORATION**



Principal Place of Business

Mailing Address

~~245 SE 1ST ST  
SUITE 4203  
MIAMI BEACH FL 33139  
US~~

~~124 SE 1ST ST  
SUITE 4203  
MIAMI BEACH FL 33139  
US~~

2. Principal Place of Business

2a. Mailing Address

21 19195 MYSTIC POINT DR.

26 19195 MYSTIC POINT DR

State, Apt. #, etc.

State, Apt. #, etc.

22 PH #4

27 PH #4

City & State

28 AVENTURA FLORIDA

23 AVENTURA FLORIDA

24 Zip 33180

Country USA

29 Zip 33180

30 Country USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
10/28/1994

3a. Date of Last Report  
02/01/1995

4. FEI Number  
65-0540093 #UK

Applied For  
Not Applicable

5. Certificate of Status Desired  Yes

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  Yes

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

81 Name DR LEONARDO ROTH

82 Street Address, P.O. Box Number is Not Acceptable  
4350 SOUTH DIKE HIGHWAY

83 PENTHOUSE 2

84 City MIAMI

FL

85 Zip Code 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1104, 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 approved by the corporation's board of directors. The only agent appointed as registered agent, I am familiar with and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

*Howard A. Roth*  
TEL (305) 670-9994  
FAX (305) 670-6448

4/1/96

12. OFFICERS AND DIRECTORS

11 TITLE	DR	<input checked="" type="checkbox"/> DELETE
12 NAME	MONTEL OSCAR	
13 STREET ADDRESS	2899 COLLINS AVE UNIT 1739	
14 CITY-STATE-ZIP	MIAMI BEACH FL 33140	
15 TITLE	VST	<input checked="" type="checkbox"/> DELETE
16 NAME	MONTEL OSCAR	
17 STREET ADDRESS	2899 COLLINS AVE UNIT 1739	
18 CITY-STATE-ZIP	MIAMI BEACH FL 33140	
19 TITLE		<input type="checkbox"/> DELETE
20 NAME		
21 STREET ADDRESS		
22 CITY-STATE-ZIP		
23 TITLE		<input type="checkbox"/> DELETE
24 NAME		
25 STREET ADDRESS		
26 CITY-STATE-ZIP		
27 TITLE		<input type="checkbox"/> DELETE
28 NAME		
29 STREET ADDRESS		
30 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	OSCAR MONTEL	
13 STREET ADDRESS	19195 MYSTIC POINT DR PH #4	
14 CITY-STATE-ZIP	AVENTURA FLORIDA 33180	
15 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	OSCAR MONTEL	
17 STREET ADDRESS	19195 MYSTIC POINT DR PH #4	
18 CITY-STATE-ZIP	AVENTURA FLORIDA 33180	
19 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME		
21 STREET ADDRESS		
22 CITY-STATE-ZIP		
23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		
25 STREET ADDRESS		
26 CITY-STATE-ZIP		
27 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		
29 STREET ADDRESS		
30 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, true, 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 report or amendment 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 at the time of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

*OSCAR MONTEL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/96

FAX (305) 935-6140

*SG-L-6-96*  
SIGNATURE

(305) 937-7702

CR2E034 (12/95)