

5-5-97 B 6288 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000026976 (7)
 1. Corporation Name
WASHINGTON ON SOUTH BEACH, INC.



Principal Place of Business 1419 WASHINGTON AVE MIAMI BEACH FL 33139	Mailing Address 1419 WASHINGTON AVE MIAMI BEACH FL 33139-4109
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1995	3a. Date of Last Report 08/07/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0583396	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

MALAK, MAHER
1323 WASHINGTON AVE
MIAMI BEACH FL 33139

81. Name **MALAK, MAHER**
 82. Street Address (P.O. Box Number is Not Acceptable)
 83. **1419 Washington Ave.**
 84. City **Miami Beach** **FL** 85. Zip Code **33139**

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 _____ DATE _____
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	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAK, MAHER	1.2 NAME	
STREET ADDRESS	1419 WASHINGTON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHELLA, MOHEB	2.2 NAME	Khella, Moheb
STREET ADDRESS	3590 BLUE LAKE DR., #A-402	2.3 STREET ADDRESS	4359 N.W. 15th St.
CITY-ST-ZIP	POMPANO BEACH FL 33084	2.4 CITY-ST-ZIP	Deer Field Beach, FL 33442
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHELLA, IMAN	3.2 NAME	Khella, Iman
STREET ADDRESS	3590 BLUE LAKE DR., #A-402	3.3 STREET ADDRESS	4359 N.W. 15th St.
CITY-ST-ZIP	POMPANO BEACH FL 33084	3.4 CITY-ST-ZIP	Deer Field Beach, FL 33442
TITLE		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		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		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 do 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.

SIGNATURE: Maher Malak **4-15-97 (305) 538-7490**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)