FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000091229 (1)**

1. Corporation Name
WASHINGTON SQUARE PARTNERS, INC.

Principal Place of Business
~~C/O HUGHES SILVERS & GLASSMAN, CPA, P.A.~~
~~1140 KANE CONCOURSE, FIFTH FLOOR~~
~~BAY HARBOR ISLANDS FL 33154~~

Mailing Address
~~C/O HUGHES SILVERS & GLASSMAN, CPA, P.A.~~
1140 KANE CONCOURSE, FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified: 11/27/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1111 LINCOLN ROAD
22 Suite, Apt. #, etc: SUITE 810
23 City & State: MIAMI BEACH, FL
24 Zip: 33139 Country: 25

2a. Mailing Address
26 % HUGHES SILVERS & GLASSMAN
27 Suite, Apt. #, etc:
28 City & State:
29 Zip: Country: 30

4. FEI Number: 65-0623773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X **$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: X Yes ☐ No

9. Name and Address of Current Registered Agent

SILVERS, ROBERT HENRY
~~C/O HUGHES SILVERS & GLASSMAN, CPA, P.A.~~
1140 KANE CONCOURSE, FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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 of new Registered Agent required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HILLIARD, RANDALL
STREET ADDRESS 1140 KANE CONCOURSE, FIFTH FLOOR
CITY, ST, ZIP BAY HARBOR ISLANDS FL 33154

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
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CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

CR2E034 (12/95)

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)(k), 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: Randall Hilliard & RANDALL HILLIARD 1-29-96 (305)864 7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #