

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
**A02649**

**KISMET APARTMENTS, LIMITED**

97-AR  
CM



Mailing Address

C/O KARL SACHS  
3675 S.W. 24 STREET  
MIAMI FL 33145

Principal Office Address

C/O KARL SACHS  
3675 S.W. 24 STREET  
MIAMI FL 33145

3. Date Formed or Registered

12/11/1973

5a. Capital Contributions as  
Shown on record.

\$250,000.00

3a. Date of Last Report

01/17/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$250,000

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

59-1494860

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

SACHS, KARL  
3675 S.W. 24 STREET  
MIAMI FL 33145

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

MARGOL, JOEL

11379 S.W. 84 LANE

MIAMI FL 33173

MARGOL, ARLENE

1036 ORCHARD OAK DRIV

VERO BEACH FL 32963

FINEMAN, SUSAN

7601 N.W. 88 WAY

TAMARAC FL 33321

GREENBERG, MARTIN FRED

7751 S.W. 62 AVENUE

MIAMI FL 33143

BODNE, SHIRLEY W

2081 N.E. 205 STREET

NORTH MIAMI FL 33179

KUPERSTEIN, STANLEY H

1428 BRICKELL AVENUE,

MIAMI FL 33131

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Stanley H. Kuperstein

Daytime Telephone Number (305) 370-5220

CR2E003 (6/96)