

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

FILED

SE OCT 14 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership INDUSTRIAL AFFILIATES, LTD.	1a. DOCUMENT # A07090 <i>97-AR CM</i>
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Mailing Address % LEONARD JAFFE P.O. BOX 300632 JFK AIRPORT JAMAICA NY 11430	Principal Office Address % LEONARD JAFFE P.O. BOX 300632 JFK AIRPORT JAMAICA NY 11430
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 12/26/1978	5a. Capital Contributions as Shown on record \$30,000.00
3a. Date of Last Report 11/29/1995	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date \$ 30,000.00
6. FEI Number 59-1945890	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information) \$348.75	

9. Name and Address of Current Registered Agent
JAFFE, LEONARD 2850 N.W. 72ND AVENUE MIAMI FL 33166

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
INDUSTRIAL INVESTORS, A FLA.	2850 N.W. 72ND AVENUE	MIAMI FL	G94020000118

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***348.75 ***348.75

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: X *Leonard Jaffe* DATE: X 10-11-96

Typed or Printed Name of General Partner Signing Form: LEONARD JAFFE Daytime Telephone Number: (904) 592-4445

CR2E003 (6/96)