FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

empowered to execute this report as required by chapter 620, Florida

SIGNATURE __



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A10272

DIVISION OF CORPORATION

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BROKS CENTER, LIMITED					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
48 E. FLAGLER STREET. PH-105 MIAMI FL 33131	48 E. FLAGLER STREET, PN-105		03/25/1981 3a. Date of Last Report	\$150,000.00	
MIRMI FE 33131	MIAMI FL 33131		12/12/1997		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
			FL	-0-	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 59-2092899	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country		8. Make oneck payable to peptings	2000026581 200000	
****141.25 ****141.25					
9, Name and Address of Current Registered Agent		Name	10, If changed, new Registered Agent/Office		
MANUEL DINER, P.A. 141 N.E. 3RD AVENUE, SUITE 601		Street Address (P.Q.Box Number is Not Acceptable)			
		Sulte, Apt. #, et	2. 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
City		# 11	7-10 (
/N/34			m/ FL 59/3/		
10a. Pursuant to the provisions of sections 620.1051 and 620.1057 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, of 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 620.1st, florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)					
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 (Do NOT Use Post Office Box		11b. City, State & Zip Code	11c. Registration/ Document Number	
DOWNTOWN HEALTY INVEST.	48 E. FLAGLER ST., PH		MIAMI FL 33131	Q9 3288900003	
EGOZI, LUIS	217 E. RIVO ALTO DRIV		MIAMI BEACH FL 33139		
EGOZI FAMILY PARNTERSHIP	4575 SABAL PALM ROAD		MIAMI FL 33137	A95000000853	
GINZBURG, \$AUL	7901 BISCAYNE POINT C		MIAMI BEACH FL 33141		
GINZBURG, MARIO	20605 N.E. 22ND PLACE		N. MIAMI BEACH FL 331		
GARAZI, ISSAC	2025 N.E. 197TH STREE		N. MIAMI BEACH FL 331	dee	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. Ide 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 fiability of non-compliance with Section 119.07(3)(t) in the eyent 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 information and indicated under each. I further certify that I am a General Partner of the limited partnership, receiver or trustee					