

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 16 AM 11:21

AK 12/18



1. Name of Limited Partnership
162ND PLAZA, LIMITED

1a. DOCUMENT #
A10517

2. Mailing Address		2a. Principal Office Address	
2627 N.E. 203 STREET SUITE 202 MIAMI FL 33180		2627 N.E. 203 STREET SUITE 202 MIAMI FL 33180	
3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
05/19/1981		\$10,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
12/20/1996			
4. State or Country of Formation		6. FEI Number	
FL		59-2095975	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> \$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

GOLDFARB, WILLIAM
2627 N.E. 203 STREET
SUITE 202
MIAMI FL 33180

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
GOLDFARB, WILLIAM	2627 NE 203 ST., 202	MIAMI FL 33180	300002378233--4 -12/19/97--01092--020 ***182.50 ***182.50
BRUNSTEIN, EDDIE	2627 N.E. 203 ST., 20	MIAMI FL 33180	

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

12. I 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: *William Goldfarb*
Typed or Printed Name of General Partner Signing Form: **WILLIAM GOLDFARB**

DATE: **Dec. 11, 1997**
Daytime Telephone Number: **(305) 9320203**

CR2E003 (6/97)