

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 28 PM 4: 53

1. Name of Limited Partnership		1a. DOCUMENT # A 16168	
JIGS INVESTMENTS, LTD.			
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
227 BISCAYNE STREET MIAMI BEACH, FL 33139	SAME	12/30/83	588,000.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date.
		12/20/95	588,000.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	
		FL DADE	
Suite, Apt. # etc.	Suite, Apt. #, etc.	6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		59-2304317	
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office	
SAWITZ, IRWIN 227 BISCAYNE STREET MIAMI BEACH, FL 33139	Name SAWITZ STEPHEN	
	Street Address (P.O. Box Number Is Not Acceptable) 227 BISCAYNE STREET	
	Suite, Apt. #, etc.	
	City MIAMI BEACH	Zip Code FL 33139

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) *Steph Sawitz* DATE **1/22/97**

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
BASS, JOHN	227 BISCAYNE STREET	MIAMI BEACH, FL 33139	100002078321--2 -02/05/97--01050--013 ***576.25 ***.25
SAWITZ, IRWIN	227 BISCAYNE STREET	MIAMI BEACH, FL 33139	
WEISS, GRACE	227 BISCAYNE STREET	MIAMI BEACH, FL 33139	

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 *Grace Weiss* DATE **1/23/97**

Typed or Printed Name of General Partner Signing Form **GRACE WEISS, G.P.** Daytime Telephone Number **(305) 678-0365**

CR2E003 (6/96)