

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

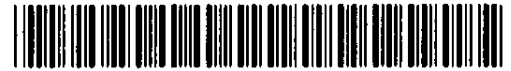
LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 25 PM 12: 16



1. Name of Limited Partnership COGO, LTD.	1a. DOCUMENT # A25664
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Mailing Address 3120 MUNROE DRIVE MIAMI FL 33133	Principal Office Address 3120 MUNROE DRIVE MIAMI FL 33133	3. Date Formed or Registered 12/22/1987	5a. Capital Contributions as Shown on record \$638,285.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 09/18/1995	5b. Amount of Capital Contributions in FLORIDA to date:
City & State	City & State	4. State or Country of Formation FL	6. FEI Number 65-0017324 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	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)

9. Name and Address of Current Registered Agent HARRISON, JOSEPH R, III 3120 MUNROE DRIVE COCONUT GROVE FL 33133	10. If changed, new Registered Agent/Office Name 900001962079 Street Address (P.O. Box Number Is Not Accepted) 10/02/96--01001--021 Suite, Apt. #, etc. ****576.25 ****576.25 City FL Zip Code
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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) COGO CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3120 MUNROE DRIVE	11b. City, State & Zip Code COCONUT GROVE FL	11c. Registration/Document Number M63820
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CR 9-26

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 **9/18/96**
Joseph R. Harrison, III
Typed or Printed Name of General Partner Signer Herein
Daytime Telephone Number **305-445-8047**

CR2E003 (6/96)