

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 18 PM 3:48

1. Name of Limited Partnership NORTHEAST PLAZA, LTD.	1a. DOCUMENT # A92000000079
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Mailing Address ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR MIAMI FL 33131	Principal Office Address ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR MIAMI FL 33131	3. Date Formed or Registered 11/19/1992	5a. Capital Contributions as Shown on record \$450,000.00
		3a. Date of Last Report 11/12/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 65-0369817	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State	7. Certificate of Status Desired	
Zip	Country	<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 RAZOOK, RICHARD J ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR MIAMI FL 33131	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.

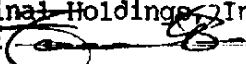
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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) CARDINAL HOLDINGS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ONE SOUTHEAST THIRD A	11b. City, State & Zip Code MIAMI FL 33131	11c. Registration/Document Number V11778
600002302476--7 -09/24/97--01077--009 ****541.25 ****541.25			
KWM			

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.

Cardinal Holdings, Inc., General Partner
 SIGNATURE  DATE 9/15/97
 Typed or Printed Name of General Partner Signing Form **Facundo L. Bacardi, President** Daytime Telephone Number **(305) 350-7246**

CRE003 (6/97)