

Charter Number Only

11-19-95  
**A9500001842**

Registerer's Name  
Teacher, Chavis, Nockman  
Address  
9100 South Woodland Blvd  
Minnie, MD 33156  
City State Zip Phone  
670-0444

FOR OFFICIAL USE ONLY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 NOV 30 AM 11:32

2000016550002  
-12/05/95--01033--001  
\*\*\*1846.25 \*\*\*1846.25

CORPORATION(S) NAME

JAD PARTNERS LTD.

Empire Toll Free: 1-800-432-3028

RECEIVED  
95 NOV 30 AM 11:11  
DIVISION OF CORPORATIONS

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Merger
- Dissolution
- Mark
- Annual Report
- Other
- Reservation
- Change of Registered Agent
- Photo Copies
- Certificate Under Seal
- Call If Problem
- After 4:30
- W/M Wait
- Pick Up
- Mail Out

Name	
Availability	<u>mkc 11/30/95</u>
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

**CERTIFIED COPY**

FILING 8.75  
 R. AGENT FEE 175.00  
 C. COPY 35.10  
 TOTAL 52.50  
 N. BANK 1846.25  
 BALANCE DUE

**CERTIFICATE OF LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 NOV 30 AM 11:22

In compliance with the Florida Revised Uniform Limited Partnership Act, Chapter 620, Florida Statutes, the undersigned, IRMA G. DEFORTUNA, the general partner (the "General Partner") of JAD PARTNERS, LTD., (the "Limited Partnership") hereby swears and acknowledges that this certificate is true and correct to the best of its knowledge and belief:

1. **Name of Limited Partnership.** The name of the Limited Partnership is JAD PARTNERS, LTD.

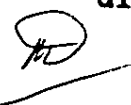
2. **Place of Business.** The principal office and mailing address of the Limited Partnership is 2666 Brickell Avenue, Miami, Florida 33129-2810.

3. **Registered Agent.** The Limited Partnership's Registered Agent for service of process, shall be at M & W. Agents, Inc., One Datan Center, PHI, 9100 S. Dadeland Blvd, Miami, Florida 33156. The Partnership shall have such other or additional offices as the General Partner shall deem advisable.

4. **General Partner.** The name and business address of the General Partner are as follows:

IRMA G. DEFORTUNA  
2666 Brickell Avenue  
Miami, Florida 33129-2810

5. **Term of the Partnership.** The Partnership will dissolve at the latest on December 31, 2024.



IN WITNESS WHEREOF, the General Partner has executed this Certificate of Limited Partnership this 21th day of November, 1995.

GENERAL PARTNER:

*Irma G. Defortuna*  
IRMA G. DEFORTUNA

FILED  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE  
NOV 30 11:32

STATE OF FLORIDA )  
                          ) SS.  
COUNTY OF DADE )

The foregoing Certificate of Limited Partnership was acknowledged before me this 21 day of November, 1995 by IRMA G. DEFORTUNA, the General Partner on behalf of the corporation. She is personally known to me and did not take an oath.

(SEAL ABOVE)

*Marcela S. Altamura* Notary Public, Commission No. \_\_\_\_\_  
(Signature)

(Name of Notary typed, printed or stamped)

MARCELA S. ALTAMURA  
Notary Public, State of Florida  
My Comm. expires May 3, 1996  
No. CC369367

RAC/mas100595  
defortuna\lpcert

**CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 NOV 30 AM 11:32

Pursuant to Section 620.105(2), Florida Statutes, the following is submitted, in compliance with said Section:

That JAD PARTNERS, LTD., desiring to organize under the laws of the State of Florida, has named M & W AGENTS, INC., located at One Dattran Center, Penthouse I, 9100 South Dadeland Boulevard, City of Miami, County of Dade, State of Florida, as its agent to accept service of process within this state.

**ACKNOWLEDGEMENT:**

Having been named to accept service of process for the above stated Limited Partnership, at the place designated in this certificate, M & W AGENTS, INC. hereby agrees to act in this capacity, and agrees to comply with the provisions of said Act relative to keeping open said office.

Dated this 21 day of November, 1995.

M & W AGENTS, INC.

By:   
Robert A. Chaves,  
Vice-President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared IRMA DEFORTUNA, the General Partner of JAD PARTNERS, ("Partnership"), and acknowledges that he executed the following Affidavit of Capital Contributions in the capacity presented.

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION 120  
NOV 20 11:32 AM '95

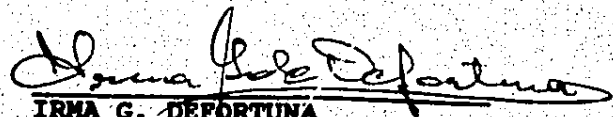
The undersigned attests to the following with respect to the Partnership:

1. The amount of capital contributions of the limited partners is \$371,000.
2. The anticipated amount of the capital contributions of the limited partners is \$371,000.

This 21 day of November, 1995.


FURTHER AFFIANT SAYETH NAUGHT.

Under penalties of perjury, the undersigned declares that he has read the foregoing and that the facts alleged are true, to the best of his knowledge and belief in the capacity presented.

  
IRMA G. DEFORTUNA

Subscribed and sworn to (or affirmed) before me this 21 day of November, 1995 by IRMA G. DEFORTUNA, who is personally known to me.

(SEAL ABOVE)

  
\_\_\_\_\_  
(Signature) Notary Public, Commission No. \_\_\_\_\_

(Name of Notary typed, printed or stamped)

RAC/mee100595  
defortuna\afflp

MARCELA S. ALTAMURA  
Notary Public, State of Florida  
My Comm. expires May 3, 1998  
No. CC369367

**FILE ON OR BEFORE APRIL 5, 1996 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996**



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

**FILED**

96 APR 10 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership  
**JAD PARTNERS, LTD.**

1a. DOCUMENT #  
**A95000001842**

Mailing Address: **2006 BRICKELL AVENUE  
MIAMI FL 33129-2810**

Principal Office Address: **2006 BRICKELL AVENUE  
MIAMI FL 33129-2810**

2. New Mailing Address, If Applicable  
**600011780506**  
Suite, Apt. #, etc. **-04/15/96--01078--002**  
City, State & Zip **\*\*\*\*\*576.25 \*\*\*\*\*576.25**

2a. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in **FLORIDA 11/30/1995**

3a. Date of Last Report

4. State or Country of Formation **FL**

5a. Capital Contributions as Shown on Record **\$371,000.00**

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number  Applied For  Not Applicable

7. CERTIFICATE OF STATUS REQUIRED  
 Yes - Additional Fee required for Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50  
2.) Supplemental Fee \$138.75 (pursuant to section 607.103, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$197.25 (\$52.50 + \$138.75) AND NO MORE THAN \$570.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent  
**M & W AGENTS, INC.  
ONE DATRAN CENTER, PH  
9100 S. DADELAND BLVD.  
MIAMI FL 33156**

10. If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
Zip Code **FL**

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
DEFORTUNA, IRMA G	2686 BRICKELL AVENUE	MIAMI FL 33129-2810	

**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 provided 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 Irma G Defortuna DATE 4/3/96  
Typed or Printed Name of General Partner Signing Form IRMA G DEFORTUNA  
Telephone Number (305) 856-2600

CR2E003 (1/1995)