			INESS NEPC	'ni	(UE	on)	٦ ٠	004901
DOCUMENT # A9600001294  1. Entity Name						* 121	0	ĭ A⊓
CONGRESS ASSOCIATES, LTD.							FILED 7	",
Principal Place of Business Mailing Address						(	1 JAN 31 AM 10: 37	
2828 CORAL MIAMI FL 331		Duse Suite	2828 CORAL WAY. PENTHOUSE SUI MIAMI FL 33145		UITE	Ţ	SECRETARY OF STATE	
2. Principal F	Place of Busin	ness	3. Mailing Address			<u> </u>	- 1   1   1   1   1   1   1   1   1   1	
Suite, Apt.	. #, etc.	<u></u>	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State			City & State				4. FEI Number Applied For Not Applicable	,
Zip	Zip Country		Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required	1
6. Name and Address of Current Registered Agent					Make		7. Name and Address of New Registered Agent	7
	CZ-ANOCI				Name			
HERNANDEZ; ANGEL A 2828 CORAL WAY, PENTHOUSE SUITE					Stree	t Address (	P.O. Box Number is Not Acceptable)	
MIAMI FL 33145					City	FL Zip Code		
8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office	or register	ed agent, or both, in the State of Florida.	7
SIGNATURE	S		ANOTE STATE OF THE	C. D. State			J when reinstating) DATE	
9. Capital Contributions CO 461 714 00 10. Amount of Capital Cor					<del></del>	nature required	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	-
as Shown	A	GENERAL PARTNER TI		TITY M			SEE REVERSE SIDE FOR FEE INFORMATION  TERED AND ACTIVE WITH THIS OFFICE.  It must be filed to change a general partner.	_
NOTE: General Partners MAY NOT be changed on the  12. GENERAL PARTNER INFORMATION					i, ali <u>ali</u>	ilendine.	ADDRESS CHANGES ONLY	1
DOCUMENT # NAME	P97000028373 TRG CONGRESS, INC. 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145			STRI	EET ADDRES	ss		CR2E003 (11/00)
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		7000036544073 -02/06/0101084016	E003
DOCUMENT # NAME	NEW WORLD CENTER FOUNDATION, INC.  1 ADDRESS 25 SE 2ND ST., SUITE 828				EET ADDRES	ss	****535.00 ****535.00 	8
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP			
DOCUMENT / NAME				STRE	EET ADDRES	ss		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP			
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DOCUMENT # NAME					ET ADDRES:	s		
STREET ADDRESS CITY-ST-ZIP	r-ST-ZIP					<u> </u>		
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								
SIGNAT	rure: 🗸	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING GENERAL		VICE	- PRESI	DENT 1/16/0/ 305 1/60 9 900 Dayline Phone *	