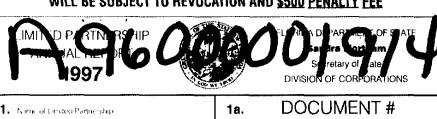
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

3 3 99/ 3		DIVISION OF COR	PORATIONS	97 MAR -6	AM 9:	17
1. Nämi ol Limiteo Partnership	1a. A96	DOCUME 000001914				
GBV INTERNATIONAL,	1		······································			
Maling Address Principal Office Address 998 N.W. 9th Court Boca Raton, FL 33486				3. Date Formed or Registered	58. Capital Contributions as Shown on record \$384.616.00	
				10/14/96 38. Date of Last Report		
				4	} Contril	butions in FLOR:DA
2. Mailing Address	2a. Princip	al Office Address	4. State or Country of Formation to date Florida			
Suite, Apt #, ctc. City & State	Suite, Apt. #,	, etc.		6. FE: Number 650-69-9725	Applied For Not Applicable	
City of State	Oily & State			7. Certificate of Status Desired		\$8.75 Additional
Z.p. Country	Ζιρ	Co	ountry	8. Make check payable to: Dept. c	f State (See reve	Fee Required irse side for fee information)
9. Name and Address of	Current Registered Agent			10. If changed, new Registers	ed Agent/Office	
	Name Ashok Patel, M.D.					<u> </u>
±MO ←						
 	•			9th Court		
_		1_			· 	
		<u> </u>	Boca Ra	ton	FL.	Zip Code 33486
 Pursuant to the provisions of sections 620 for the purpose of changing its registered: agent I am familiar with, and accept the of 	office or registered agent or bilgations af section 620.192	both, in the State of Florida		utnorized by its general partner(s). The	eby accept the a	
SIGNATURE (Hegistered Agent Accepting Appoint A GENERAL PARTNER T		POPATION LI	AITED DAD	TMEDQUID OD OTHE		JECC ENTITY
				TH THIS OFFICE.	.n bosii	ILOG EIIIII
11. Name(s) of General Partner(s)	11a. (Do	Address of Each General Pa NOT Use Post Office Box N	artner lumbers) 11b.	City, State & 7ip Code	11c.	Registration/ Decument Number
Ashok Patel, M.D.,	P.A. 998 N	.W. 9th Co	urt Boc	a Raton, FL 33	486 51	9518
				70000:	ek oe	7270
•				-03/8	071/971	01006003 ****\$41.25
•						
		d	۵,,	~ [*		
-		<u>Ooc</u>	241.	92		
Note: 'General partners MAY	<u> </u>	<u>.</u>				
 I do l' voy certify triat the information supplis Corporations from any liability of non-complia this annual report is true and accurate and the empowered to execute this report as required. 	ance with Section 119.07(3)(I all my signature shall have th	 k) in the event that the informer same legal effects as if n 	nation supplied is de	emed exempt from public access. Hurt	her certify that th	e information indicated on
SIGNATURE		>		DATE	1/17	197
Typed or Printed Name of General Partner Signing F	Onn			Daytime Telephone Number		