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

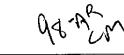
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A9600002190**

BLUMBERG/BRICKELL, LTD.



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Malling Address MAMERICAN VENTURES CORPORATION 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134 2. Malling Address Suite, Apt. #, etc. City & State Zip Country 9. Name and Address of Current I ARCIA, AGNES 255 ALHAMBRA CIRCLE	Principal Office Address * AMERICAN VENTURES CORPORATE 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134 28. Principal Office Address Suite, Apt. #, etc. City & State Zip Registered Agent	Country	3. Date Formed or Registered 12/02/1996 3a. Date of Lest Report 05/01/1997 4. State or Country of Formatic FL 6. FEI Number 65-0716246 7. Certificate of Status Desired 8. Make check payable to: De	\$148,500.00 \$148,500.00 5b. Amount of Capital Contributions in FLORIDA to date. Applied For Not Applicable \$8.75 Additional Fee Required pt. of State (See reverse side for fee Informations)
25. ALHAMBRA CIRCLE CORAL GABLES FL 33134 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country 9. Name and Address of Current I ARCIA, AGNES 255 ALHAMBRA CIRCLE	255 ALHAMBRA CIRCLE CORAL GABLES FL 33134 28. Principal Office Address Suite, Apt. #, etc. City & State Zip	Country	38. Date of Lest Report 05/01/1997 4. State or Country of Formatic FL 6. FEI Number 65-0716246 7. Certificate of Status Desired 8. Make check payable to: De	5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable \$8.75 Add-tional Fee Required pt. of State (See reverse side for fee Informe
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9. Name and Address of Current I ARCIA, AGNES 255 ALHAMBRA CIRCLE		Name		
ARCIA, AGNES 255 ALHAMBRA CIRCLE	Registered Agent		10. If changed, new Regi	stered Agent/Office
ARCIA, AGNES 255 ALHAMBRA CIRCLE				
255 ALHAMBRA CIRCLE		Street Addres		
		1	ss (P.O. Box Number Is Not Acceptable)	**************************************
		Suite, Apt. #, 6	oto	
CORAL GABLES FL 33134		Suite, Apr. #, 6	, 610.	
		City		FL Zip Code
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	T BE REGISTERED AN	ID ACTIVE	PARTNERSHIP OR OT	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	al Partner ox Numbers)	11b. City, Stale & Zip Code	11c. Registration/ Document Number
BLUMBERG/BRICKELL, INC.	% AMERICAN VENTURES		CORAL GABLES FL 33134	P96000077598
			7000 0 -10/ ***	2331897
Marie Sur Marie				
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Note: General partners MAY NOT				
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with	this filling is voluntarily furnished and does no	ot qualify for the e	exemption stated in Section 119.07(3)(k), Flied is deemed exempt from public access.	lorida Statutes. I release the Division of I further certify that the information indicated