

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

LIMITED PARTNERSHIP ANNUAL REPORT A 96000002408		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 JAN -2 PM 2: 58	
1. Name of Limited Partnership		1a. DOCUMENT #	
BL OF MIAMI LIMITED PARTNERSHIP		A96000002408	
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
3155 N.W. 77 Avenue Miami, FL 33122	3155 N.W. 77 Avenue Miami, FL 33122	12/20/96	\$ 100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
		N/A	-0-
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation	6. FEI Number
		Florida	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	8. Make check payable to Dept. of State (See reverse side for fee information)
Zip	Country	<input type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
Jerrold A. Wish 1221 Brickell Avenue Suite 2400 Miami, FL 33131	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
BL Acquisition Corp.	3155 N.W. 77 Avenue	Miami, FL 33122	96000102477
			600002050516--4 -01/08/97--01043--010 ****191.25 ****191.25

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.

SIGNATURE Richard Layfield DATE 12/27/96
 Typed or Printed Name of General Partner Signing Form Richard Layfield Daytime Telephone Number 305-406-1839

CR2E003 (6/95)