

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 APR -9 AM 11:00

1. Name of Limited Partnership MARKETPLACE INVESTMENT GROUP, LTD.	1a. DOCUMENT # A97000001723
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Mailing Address <i>1051 Brickell Plaza #1</i> 15 S.E. 10TH STREET MIAMI FL 33131	Principal Office Address 15 S.E. 10TH STREET MIAMI FL 33131
2. Mailing Address <i>1051 Brickell Plaza</i>	2a. Principal Office Address
Suite, Apt. #, etc. #1	Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33131	Country USA

3. Date Formed or Registered 08/07/1997	5a. Capital Contributions as Shown on record \$10,000.00
3a. Date of Last Report 03/11/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	6. FEI Number 65-0779922
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
8. Make check payable to Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent SAMMARCO, VINCENT T 7752 TAFT STREET PEMBROKE PINES FL 33024	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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
MARKETPLACE INVESTMENTS, INC	15 S.E. 10TH STREET	MIAMI FL 33131	P97000068658

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 _____ Typed or Printed Name of General Partner Signing Form	DATE 4/6/99	Daytime Telephone Number
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CR2E003 (12/98)