

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR -8 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001885

PACIFIC GROUP, LTD.

*AR-AR
CM*



Mailing Address

Principal Office Address

225 WEST 21ST STREET
HIALEAH FL 33010

225 WEST 21ST STREET
HIALEAH FL 33010

3. Date Formed or Registered

08/29/1997

5a. Capital Contributions as Shown on record.

\$10,000,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

\$2,877,505.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

26 WESTWARD DR

26 WESTWARD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI SPRINGS

MIAMI SPRINGS, FLA.

Zip

Country

Zip

Country

33166 MIAMI-DADE

33166 MIAMI-DADE

6. FEI Number

65-0778403

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

ALWEISS, IRA
225 WEST 21ST STREET
HIALEAH FL 33010

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

MIAMI SPRINGS

FL

Zip Code

33166

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

ALWEISS, IRA

225 WEST 21ST STREET

HIALEAH FL 33010

ALWEISS, ALAN

225 WEST 21ST STREET

HIALEAH FL 33010

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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

IRA ALWEISS

DATE

4-9-98

Typed or Printed Name of General Partner Signing Form

IRA ALWEISS

Daytime Telephone Number

305-885-2461

CR2E003 (12/97)