



**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	08/29/1997 04/08/1998 09:00:10
1. Name of Limited Partnership PACIFIC GROUP, LTD.		1a. DOCUMENT # A97000001885		
Mailing Address 26 WESTWARD DR. MIAMI SPRINGS FL 33166		Principal Office Address 26 WESTWARD DR. MIAMI SPRINGS FL 33166		
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3. Date Formed or Registered 08/29/1997
				3a. Date of Last Report 04/08/1998
				4. State or Country of Formation FL
				5a. Capital Contributions as Shown on record \$10,000,000.00
				5b. Amount of Capital Contributions in FLORIDA to date: SAME
				6. FEI Number 65-0778403
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> \$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 26 WESTWARD DR. MIAMI SPRINGS FL 33166	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL
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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
ALWEISS, IRA ALWEISS, ALAN	26 WESTWARD DR 225 WEST 21ST STREET 225 WEST 21ST STREET 26 WESTWARD DR	MIAMI SPRINGS FL. HIALEAH FL 33010 33166 HIALEAH FL 33010 MIAMI SPRINGS, FL 33166	
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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 _____ DATE 2.16.99
 Typed or Printed Name of General Partner Signing Form: IRA ALWEISS
 Daytime Telephone Number: 305-885-2461

CR2E003 (12/98)