FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A9700002790

Adco. Ltd.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 30 AM 11: 52

pt 1/13

Adco, Ltd.				
Mailing Address 1400 N.W. 107th Ave. Miami, FL 33172-2704			3. Date Formed or Registered 12/19/97 38. Date of Last Report	5a. Capital Contributions as Shown on record \$1,500
			N/A	5b. Amount of Capital Contributions in Ft OR DA
2. Mailing Address 1400 N.W. 107th Ave.	2a. Principal Office Address 1400 N.W. 107th Ave.		4. State or Country of Formation FL	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FET Number	***Applied For
City & State Miami, FL Zip Country	City & StateMiami,FL		7. Certilicate of Status Desired	\$8.75 Additional Fee Required
33172-2704 Dade	33172-2704	Dade	8. Make check payable to Dept. o	State (See reverse side for fee information)
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office	
Michael M. Adler 1400 N.W. 107th Ave. Miami, FL 33172-2704		Street Address (P.O. Box Number (s Not Acceptable) Suite Apt. #. etc. City FL Zip Code		
10a. Pursuant to the provisions of sections 620 1051 and 6 for the purpose of changing its registered office arreagent. Lam familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST	gestreed agent, or bolls, in the State of of section 620,192. For idea Statules A CORPORATION, BE REGISTERED A	LIMITED PAIND ACTIVE W	DATE TNERSHIP OR OTHE	
11. Name(s) of General Partner(s)	11a. Address of Each Gen (Do NOT Use Post Office	eral Partner Box Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number
Adler Adco G.P., Inc.	1400 N.W. 10	7th Ave	Miami, FL 33172	P97000105819
			200002 -01/14 ****1	4001825 /9801094013 56.25 ****156.25
Note: General partners MAY NOT	be changed on this for	rm; an amendn	nent must be filed to ch	ange a general partner.

Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner

12. I do hereby certify that the information supplied with this filling is voluntarily formistied 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-complance 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 eath. 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

MICHAELM. ADLER

DATE 12/29/97

Daylime Telephone Number 305 - 892 - 4000

78/6) 20/01/7