FLD: 06/01/1998

NUM: A98000001365 ST:FL ACTIVE/FL LP

ACT CONT: 397,000.00

FEI#: 65-0854167

NAME : OASIS VCG, LTD.

PRINCIPAL: 10051 PINES BLVD., SUITE B

PEMBROKE PINES, FL 33024

MAILING : 1404 NW 179TH AVENUE

PEMBROKE PINES, FL 33029

ADDRESS : SILVA, VICENTE A RA NAME

: 10051 PINES BLVD., SUITE B

PEMBROKE PINES, FL 33024 US

ANN REP

ADDRESS

RA ADDR

(1999) I 02/23/99

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

900003305529----06/27/00--01007--006 *****665.00 *****<u>247</u> #665.00

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 5, 2000

OASIS VCG, LTD. 1404 NW 179TH AVENUE PEMBROKE PINES, FL 33029

SUBJECT: OASIS VCG, LTD. Ref. Number: A98000001365

We have received your document for OASIS VCG, LTD. and check(s) totaling \$535.00. However, your check(s) and document are being returned for the following:

You have indicated in block 10 or 7b on the document that the contributions of the limited partners have gone beyond what we currently have on file. A supplemental affidavit must be filed pursuant to chapter 620, Florida Statutes. The filing fee is based on the additional amount of contributions calculated at a rate of \$7 per \$1000 with a minimum filing fee of \$52.50 and a maximum filing fee of \$1750.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 200A00031562

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

| The undersigned gene | ral partners of <u>GASIS</u> VCG LTO | <u>. </u> |
|--|--|--|
| - | | , a |
| Florida I imited Partu | nership, executed this supplemental affidavit filed pursuant to | section 620.112, |
| Florida Statutes. | to date | |
| The total amount of the | he capital contributions of the limited partners is: \$ 432,389 FUTUME CONTRIBUTIONS BY CIPITED PARTNERS OF: 60,000 | |
| This | - 1 NM | - |
| FURTHER AFFIA Under penalties of p best of my knowleds | erjury I declare that I have read the foregoing and that the fa | cts are true, to the |
| | General Partner(s) | and the second of the second o |
| | Vive Shr | |
| | Par Some | - Carlotte Carlotte |
| | | 0 V ₂ |
| | Fees: | UN OR F |
| | \$7 per \$1000, based on additional contributions | CORPOR OR OF S |
| * | Minimum \$ 52.50 Maximum \$1750.00 | STATE RATIONS 3: 52 |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS20(9/98)