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August 5, 1998

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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*****52.50 *****52.50

Re: CARIBE DEVELOPMENT, LTD./Our File No. 1538.000

Dear Sir or Madam:

Enclosed is a check made payable to Secretary of State in the amount of \$52.50 to cover the cost of filing the Amended Certificate of Limited Partnership of Caribe Development, Ltd. being held by your office, pursuant to your letter of July 28, 1998 (copy of which is attached).

If you have any questions in this regard, please feel free to contact me.

Very truly yours,

Cristina Echarte Brochin

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Encls.

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Name	CP
Availability	CP
Document Examiner	CP
Updater	CP
Updater Verifier	CP
Acknowledgment	CP
W. P. Verifier	CP

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**AMENDED CERTIFICATE OF LIMITED PARTNERSHIP
OF CARIBE DEVELOPMENT, LTD.**

The undersigned, desiring to amend the Certificate of Limited Partnership of Caribe Development, Ltd., a Florida limited partnership which was originally filed on June 2, 1998 pursuant to the laws of the State of Florida, certify as follows:

1. The name of the Partnership is CARIBE DEVELOPMENT, LTD.
2. The Sole General Partner is Caribe Development Corp.
3. The Limited Partners are required to make one additional capital contribution to the partnership totalling \$536,000.78 for a total required contribution of \$942,000.78.
4. The General Partner is required to make one additional capital contribution totalling \$5,497.22 for a total contribution of \$9,521.22.

IN WITNESS WHEREOF, the undersigned, being duly sworn, have certified, sworn to and agreed to the foregoing this 20 day of July, 1998.

CARIBE DEVELOPMENT, LTD.,
a Florida limited partnership

By its general partner:

CARIBE DEVELOPMENT CORP.
a Florida corporation, its
general partner

By: _____

Carlos E. Martinez, President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
): ss.
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 20 day of July, 1998 by CARLOS E. MARTINEZ, as President, of CARIBE DEVELOPMENT CORP. on behalf of the corporation. He is personally known to me or has produced _____ as identification.

This Instrument Prepared By:
Cristina Echarte Brochin, Esq.
Murai, Wald, Biondo & Moreno, P.A.
25 Southeast Second Avenue, #900
Miami, Florida 33131
Phone: (305)358-5900 Fla. Bar #518410

Isabel M. Diaz
Notary Public, State of Florida
Print Name: ISABEL M. DIAZ
Commission No.: CC 547770
My commission expires: 4-16-2000

