

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 DEC 30 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership PETROZONE OF EAST HIALEAH, LTD.	1a. DOCUMENT # A98000001408
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Mailing Address 3475 W. FLAGLER STREET MIAMI FL 33135	Principal Office Address 3475 W. FLAGLER STREET MIAMI FL 33135	3. Date Formed or Registered 06/08/1998	5a. Capital Contributions as Shown on record. \$200.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 4. State or Country of Formation FL	
2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5b. Amount of Capital Contributions in FLORIDA to date: 6. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 650839778	
		7. Certificate of Status Desired <input checked="" 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 VINAS, HECTOR R 3475 W. FLAGLER STREET MIAMI FL 33135	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City Zip Code
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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
PETROZONE INC.	3475 W. FLAGLER STREE	MIAMI FL 33135	P97000097056

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

Clara B. Schulz

DATE

12/28/98

Typed or Printed Name of General Partner Signing Form

MARIA S SCHLAFER as

Daytime Telephone Number

305 644 0500 X

VP OF OP Petrozone LLC

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