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AMERCOMP Professional Services Corp.
Federal Tax Consultation/Representation

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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- Walk in Pick up time _____ Certified Copy
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 96 MAR -4 PM 11:30
 STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other <i>2/22/96 Dec</i>

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Vol no. judgement DCC
<input type="checkbox"/>	P. Verifier DCC

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

27 10,000.00

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Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 22, 1996

AMERCOMP
RICHARD A. RANDALL CPA PC
4320 N. WALNUT
MUNCIE, IN 47303

SUBJECT: SAN LUCAS FAMILY LIMITED PARTNERSHIP
Ref. Number: W96000003992

We have received your document for SAN LUCAS FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 596A00007721

Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. San Lucas Family Limited Partnership
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Indiana 4. November 25, 1995
(State of Formation) (Date of Formation)

5. Richard A. Randall, CPA
(Name of Registered Agent for Service of Process)

6. 14331 S Tamiami Trail
(Street Address of Registered Office)

Fort Myers, Florida 33916
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

RA Randall
(Agent must sign on this line)

8. 14331 S Tamiami Trail, Fort Myers, FL 33916
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Miguel Ruiz	951 N. Arcadia Ave.
Lucy Ruiz (MA, Lucila Ruiz) Miguel Ruiz, Jr.	Arcadia, Fl. 33821
Ponciano M. Ruiz Thomas A. Ruiz Liliana P. Ruiz	
Anna P. Ruiz Michelian Ruiz	

10. _____
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

CONTINUED

12. _____ PO Box 310

Nuncle, IN 47308

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This day of 1, February, 1996.

X Miguel Ruiz
Miguel Ruiz General Partner

FILED
96 MAR -4 AM 11:30
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF DESOTO

On this 6 day of FEBRUARY, 1996, Miguel Ruiz

personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

CPA's Affidavit

Linda D. Boone
(Notary Public Signature)

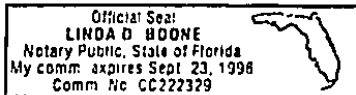
LINDA D. BOONE

(Notary's Printed Name)

Seal

My Commission Expires: SEPTEMBER 23, 1996

Commission Number CC222329



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Miguel Ruiz,
a general partner of San Lucas, a (an) Indiana limited partnership,
hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$ 10,000.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 6 day of FEBRUARY, 19 96.

X Miguel Ruiz
General Partner

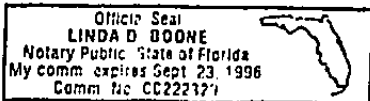
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF DESOTO

On this 6 day of FEBRUARY, 19 96, Miguel Ruiz

personally appeared before me, who is personally known to me
 whose identity I proved on the basis of _____
CPA's Affidavit



Linda D. Boone
(Notary Public Signature)
LINDA D. BOONE
(Notary's Printed Name)

Seal

My Commission Expires: SEPTEMBER 23, 1996
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