

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sheela B. Mathias, Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000096061 (3)**

1. Corporation Name:
SPW LIMITED PARTNER, INC.



Principal Place of Business: **14427 N.W. 60TH AVENUE MIAMI LAKES FL 33014**
Mailing Address: **14427 N.W. 60TH AVENUE MIAMI LAKES FL 33014**

2. Principal Place of Business		2a. Mailing Address	
21		26	
State, Apt. #, etc.		State, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report
4. FID Number 65-0632303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1608, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHAN, NORMAN H	2. NAME
STREET ADDRESS	14427 N.W. 60TH AVENUE	3. STREET ADDRESS
CITY-STATE-ZIP	MIAMI LAKES FL 33014	4. CITY-STATE-ZIP
TITLE	D <input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, NELSON	6. NAME
STREET ADDRESS	14427 N.W. 60TH AVENUE	7. STREET ADDRESS
CITY-STATE-ZIP	MIAMI LAKES FL 33014	8. CITY-STATE-ZIP
TITLE	D <input type="checkbox"/> DELETE	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, ENIDIO A	10. NAME
STREET ADDRESS	14427 N.W. 60TH AVENUE	11. STREET ADDRESS
CITY-STATE-ZIP	MIAMI LAKES FL 33014	12. CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME
STREET ADDRESS		15. STREET ADDRESS
CITY-STATE-ZIP		16. CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME
STREET ADDRESS		19. STREET ADDRESS
CITY-STATE-ZIP		20. CITY-STATE-ZIP

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03/20/96-01021-003
***208.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent; that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE: *Norman H. Cohan* Pres, 2/20/94 305-823-5440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)