

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01/10/96 PM 2:15

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000601

DACRA DESIGN ASSOCIATES, LTD.



Mailing Address

**230 FIFTH STREET
MIAMI BEACH FL 33139**

Principal Office Address

**230 FIFTH STREET
MIAMI BEACH FL 33139**

3. Date Formed or Registered

04/29/1994

5a. Capital Contributions as
Shown on record

\$1,000.00

3a. Date of Last Report

11/20/1995

5b. Amount of Capital
Contributions in FL (FIDIA
to date)

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0569350

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$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

**VALDES-FAULI CORPORATE SERVICES, INC.
2 N. BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131**

10. If changed, new Registered Agent/Office

Name

ROBINS, CRAIG

Street Address (P.O. Box Number Is Not Acceptable)

230 FIFTH STREET

Suite, Apt. #, etc.

City

MIAMI BEACH,

FL

Zip Code

33139

10a. Pursuant to the provisions of sections 620.1051 and 609.03, 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 sections 620.1051 and 609.03, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE **12/10/96**

**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)

DACRA DESIGN ASSOCIATES, INC

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

230 FIFTH STREET

11b. City, State & Zip Code

MIAMI BEACH FL 33139

11c. Registration/
Document Number

P94000032681

**100002040091--E
-12/27/96--01127--014
****191.25 ****191.25**

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 the 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 Section 609.03, Florida Statutes.

SIGNATURE

DATE **12/11/96**

Typed or Printed Name of General Partner Signing Form

Scott Robins

Daytime Telephone Number

305 531-8700

CR2E003 (6/96)