


**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV -4 PH12: 16

1. Name of Limited Partnership JARABACOA, LTD.	1a. DOCUMENT # A93000000586
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Mailing Address 10800 SW 67TH CT. MIAMI FL 33156	Principal Office Address 10800 SW 67TH CT. MIAMI FL 33156	3. Date Formed or Registered 06/02/1993	5a. Capital Contributions as Shown on record. \$9,075.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 11/27/1995	5b. Amount of Capital Contributions in FLORIDA to date. \$9,075.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0460180
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent RODRIGUEZ, JOSE M 10800 SW 67TH CT. MIAMI FL 33156
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State: FL 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.

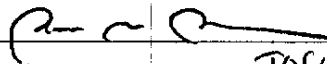
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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) MACORIX, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10800 SW 67 CT.	11b. City, State & Zip Code MIAMI FL 33156	11c. Registration/ Document Number P93000035158
600002003566--7 -11/13/96--01173--003 ****202.27 ****202.27 KWM			

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  DATE 11-13-96

Typed or Printed Name of General Partner Signing Form JOSE M RODRIGUEZ Daytime Telephone Number 305 8567814

CR2E003 (6/96)