


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
1. Name of Limited Partnership PINES & UNIVERSITY LIMITED PARTNERSHIP		1a. DOCUMENT # A96000000744	
Mailing Address 50 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024	Principal Office Address 50 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
3. Date Formed or Registered 04/18/1996		5a. Capital Contributions as Shown on record. \$65,000.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date 65,000.00	
4. State or Country of Formation FL		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 27 PM 3: 02



9. Name and Address of Current Registered Agent SUAREZ, JOSE M 50 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City 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) PINES & UNIVERSITY SERVICE C	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 50 N. UNIVERSITY DRIV	11b. City, State & Zip Code PEMBROKE PINES FL 330	11c. Registration/Document Number P96000016598
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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

Typed or Printed Name of General Partner Signing Form

JOSE MARIO SUAREZ, Pres.

DATE

12/23/96

Daytime Telephone Number

954-476-6709

CR2E003 (6/96)

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