FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNÉRSHIP ANNUAL REPORT 1998



empowered to execute this report as required by chapter 620, Florida Statutes.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A17694 FILED STATE (DIVISION OF CORPORATION)

97 DEC 31 AM 8: 53



ing Address Principal Office Address			3. Date Formed or Registered 5a. C		al Contributions as n on record.	
1828 CORAL WAY		2828 CORAL WAY			\$23,070,000.00	
PENTHOUSE SUITE	PENTHOUSE SUITE		08/21/1984 3a, Date of Last Report	\$23,		
MIAMI FL 33145	MIAMI FL 33145		12/12/1996	5b. Amo	unt of Capital ributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formatic	on to da	te:	
as assuming Addition	Eur i micipal ombe Address		FL)		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For	
City & State	City & State		13-3246872	<u> </u>	Not Applicable	
ip Country	Zip	Zip Country		' Xi	\$8.75 Additions Fee Required	
	ΣΙΡ	Coontry	8. Make check payable to: De	pt. of State (See rev		
9. Name and Address of Current	t Registered Spent		10. If changed, new Regi	stered Agent/Office		
		Name	- Total and a second room	oto o rigorito o rigor		
PEREZ, JORGE M.		Street Address (P.O. Box Number Is Not Acceptable)				
2828 CORAL WAY PENTHOUSE SUITE		Suite, Apt. #, etc.				
·						
MIAMI FL 33145		City.			1 Zin Code	
MIAMI FL 33145 10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations	registered agent, or both, in the State of F					
Oa. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation: IGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	registered agent, or both, in the State of fis of section 620.192, Florida Statutes. IS A CORPORATION,	med limited partnersh florida. Such change	was authorized by its general partner(s). ARTNERSHIP OR OTI	s of the State of Flor I hereby accept the ATE	ida, submits this stateme appointment of registers	
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