

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 26 AM 9:27

| | | | |
|--|--|---|--|
| 1. Name of Limited Partnership Cabrerizo Family Limited Partnership 95-I | | 1a. DOCUMENT # A95000000524 | |
| Mailing Address 9800 NW 78 Avenue Hialeah Gardens FL 33016 | | Principal Office Address 9800 NW 78 Avenue Hialeah Gardens FL 33016 | |
| 2. Mailing Address 9800 NW 78 Avenue | | 2a. Principal Office Address 9800 NW 78 Avenue | |
| City & State Hialeah Gardens FL | | City & State Hialeah Gardens FL | |
| Zip 33016 | | Zip 33016 | |
| Country US | | Country US | |
| 3. Date Formed or Registered 9/1/29 | | 5a. Capital Contributions as Shown on record 1,000 | |
| 3a. Date of Last Report 8/8/97 | | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| 4. State or Country of Formation US | | 6. FEI Number 65-0661031 | |
| 7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |
| 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent Richard Wolfe Esq. 20803 Biscayne Blvd. Suite 200 Aventura FL 33180 | | 10. If changed, new Registered Agent/Office | |
| Name | | Name | |
| Street Address (P.O. Box Number Is Not Acceptable) | | Street Address (P.O. Box Number Is Not Acceptable) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City | | City FL | |
| Zip Code | | Zip Code | |

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) Cabrerizo Family Holdings, Inc. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9800 NW 78 Ave Hialeah Gardens FL 33016 | 11b. City, State & Zip Code Hialeah Gardens, FL 33016 | 11c. Registration/Document Number P9500000-7770 |
| 200002416482--2 -01/23/98--01105--020 ****156.25 ****156.25 | | | |

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 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

[Signature]
Tom Cabrerizo

12/30/97
8269098(264)

CR2E003 (6/97)