PLEASE REAL  LIMITED  PARTNERSHIP REINSTATEMENT		FL RIV DE RIVERTO A Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED			
DOCUMENT # A(  1. Name of Limited Partnership Cisneros Investment Group	00000012	11			01 NOV 19 SECRETARY OF TALLAHASSEE, I	PM 5: 14 State Lorida		
2. Principal Office Address 330 Dolias Court		3. Mailing Office Address 330 Dolias Court			Date Formed or Registered     To Do Business in Florida     Ju	ıly 31, 2000		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number 65-1028161		Applied For Not Applicable	
City & State Coral Gables, FL		City & State Coral Gables, FL			6. CERTIFICATE OF STATUS DESIRE	\$8.75 Addit	ioπal Fee required tificate of Status	
Zip Country		Zip	Country		7a. Capital Contributions as shown on Record: \$125,000.00			
33143 USA		33143 USA			7b. Amount of Capital Contributions in FLORIDA to date:			
	urrent Registered Agent			\$125,000.00				
Name CorpDirect Agents Street Address (P.O. Box Number is Not Acceptable) 103 North Meridian Street, Lower Level Suite, Apt. #, Etc.					FEES:  1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  3.) Penalty Feels): \$500 penalty fee for each year report form is definquent.			
City Tallahassee	State Zip Code FL 32301			Note, if the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.				
agent. I am familiar with, and accept th SIGNATURE (Registered Agent Accepting Ag	pointment)	A CORPORATIO	DN. LIMITED	PAR	DATE	ppt the appointment o	CR2E 039 (9K	
10. Name(s) of General Partner(s)	MUSTI	Address of Each G	eneral Partner	/EW	ITH THIS OFFICE.	10a, 5	Registration	
Cisneros Capital Group, Inc.		(Do NOT Use Post Offin	ce Box Numbers)		City, State and Zip Code		urnent Number	
Abm - 500,00 Ave 437.50 Auswor 88.75 B 1,026.25					P00000033796  400004			
Note: General partners N	AY NOT be	changed on this	form; an ame	ndm	ent must be filed to char	ge a genera	l partner.	
on this ennual report is true and accurate this report is true and accurate this re	rate and that my sig	ation 119.07(3)(i) in the event this regime shall be the the same legit shall be same legit shall be same legit shall be same legit shall be shall	at the information supplied all effects as if made und		in stated in Section 119.07(3)(i), Florida Statemed exempt from public access. I further cell further certify that I am a General Pertner.  DATE	rtify that the information of the limited partners		
Typed or Printed Name of General Partner Sig	ning Form Jame	s Blanchard Cisneros	s, President		Telephone Number (305	6) 665-0998		