

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 23 PM 4:07

1. Name of Limited Partnership	1a. DOCUMENT # A02649
KISMET APARTMENTS, LIMITED	




Mailing Address C/O KARL SACHS 3675 S.W. 24 STREET MIAMI FL 33145		Principal Office Address C/O KARL SACHS 3675 S.W. 24 STREET MIAMI FL 33145		3. Date Formed or Registered 12/11/1973	5a. Capital Contributions as Shown on record. \$250,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/14/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-1494860	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		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)					

9. Name and Address of Current Registered Agent SACHS, KARL 3675 S.W. 24 STREET MIAMI FL 33145	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002445250--0 Suite, Apt. #, etc. -03703798--01043--005 City FL Zip Code 526.25
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
MARGOL, JOEL	11379 S.W. 84 LANE	MIAMI FL 33173	
MARGOL, ARLENE	1036 ORCHARD OAK DRIV	VERO BEACH FL 32963	
FINEMAN, SUSAN	7601 N.W. 88 WAY	TAMARAC FL 33321	
GREENBERG, MARTIN FRED	7751 S.W. 62 AVENUE	MIAMI FL 33143	
BODNE, SHIRLEY W	2081 N.E. 205 STREET	NORTH MIAMI FL 33179	
KUPERSTEIN, STANLEY H	1428 BRICKELL AVENUE,	MIAMI FL 33131	

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 **4/15/78**
 Typed or Printed Name of General Partner Signing Form **STANLEY H. KUPFERSTEIN, ESQ.** Daytime Telephone Number **(305) 372-5000**

CR2E003 (6/97)