



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000715		
1. Entity Name MISS MIAMI TROPIC SCHOLARSHIP BEAUTY PAGEANT LTD		

Principal Place of Business 8171 NW 67 ST MIAMI, FL 33166 US	Mailing Address PO BOX 160414 MIAMI, FL 33116 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
04 APR 30 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232004	Chg-LP	CR2E003 (10/03)
4. FEI Number 20-0096118		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTINEZ, BERARDO SR. 10985 SW 107 ST APT 218 MIAMI, FL 33116		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

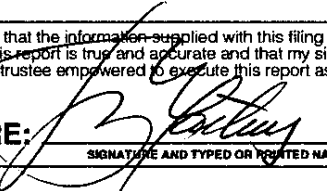
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. \$141.25
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	SARDO, DESIREE A		
	10985 SW 107 ST APT 218		
	MIAMI, FL 33176		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	RAMIREZ MARTINEZ, ROSARIO		
	10985 SW 107 ST APT 218		
	MIAMI, FL 33176		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	MARTINEZ, BERARDO SR.		
	10985 SW 107 ST APT 218		
	MIAMI, FL 33176		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	MARTINEZ, BERARDO F JR		
	1550 SW 104 PATH APT 207		
	MIAMI, FL 33174		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **BERARDO MARTINEZ.** **4/20/2004** **3W 42-8034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE