(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

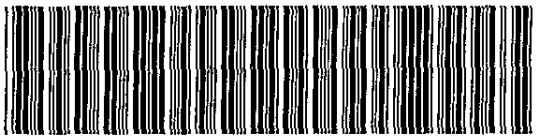
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200038005522

DUE ON OR BEFORE JANUARY 1, 1993 (NOTE NEW FILING FEE)

FILED

'93 FEB 24 AM 8 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP

ANNUAL REPORT
1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries. Filing Fee Required – Make Checks Payable To: Department of State

1. Name and Mailing Address of Limited Partnership

DOCUMENT # A08820
CAR-RT SORT ** CR33
BUENA VISTA REHABILITATION ASSOCIATES, LTD.
2828 CORAL WAY
PENTHOUSE SUITE
MIAMI FL 33145

CR000175

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2a.

2a. Enter Change of Mailing Address

City and State Zip Code

2b. Enter Principal Place of Business

City and State FLORIDA Zip Code
-03/22/93--01076--001

3. Date Registered to Do Business in Florida	4. State or Country of Formation	5a. Capital Contributions as Shown on Record.	5b. Amount of Capital Contributions in FLORIDA to date
04/23/1980	FLORIDA	$18,750.00	

6. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF $7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF $138.75 PURSUANT TO S 620.193, FLORIDA STATUTES, EFFECTIVE 7/1/92. THE FILING FEE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1993 annual report with a check in U.S. funds and payable through a U.S. bank.

7. Federal Employer Identification Number 13-3031350 — FEI Number Applied For / FEI Number Not Applicable — $8.75 Additional Fee required for a Certificate of Status — CERTIFICATE OF STATUS DESIRED ☐

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

PEREZ, JORGE M.
~~1000 W. 23RD STREET~~
~~SUNSET ISLAND, NO. 3~~
~~MIAMI BEACH, FL 33140~~

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 9.

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

2828 Coral Way PH-1

City Miami FL Zip Code 33145

10. Pursuant to the provisions of sections 620.1061 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).

131.25 PL
138.95 ADM

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

11. A GENERAL PARTNER THAT IS A CORPORATION OR LIMITED PARTNERSHIP MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Name of General Partner(s)	Address of General Partner(s) (Must be Post Office Box Number)	City and State	Corporate Document Number
RELATED HOUSING CO. OF	~~2100 CORAL WAY~~ 2828 Coral Way	MIAMI, FL	617998 TAW 2-24-93

CR2E003 (8/92)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

A General Partner must sign and signature must be notarized with seal requirement.

12. I certify that the information indicated on this annual report is true and that all my signatures shall have the same legal effects as if made under oath. I further certify 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 Marcelo Alvarez DATE 12/21/92 Telephone Number (305) 460-9900

Typed Name of General Partner Signing MARCELO A. ALVAREZ, VICE PRESIDENT/ RELATED HOUSING OF FLA.

BEFORE ME, this day personally appeared Marcelo A Alvarez who being sworn deposes and says that the statements contained in the foregoing annual report are true and correct.

This person is personally known or provides the following identification Driver License

SWORN TO AND SUBSCRIBED before me this 31st day of Dec 19 92 Print/Type Name of Notary Lisa Hernandez

COUNTY OF Dade STATE of Florida Notary Public, State of Florida

My Commission Expires March 25, 1994
Bonded Thru Troy Fain-Insurance Inc.

(SEAL)

Lisa Hernandez
Notary Public Signature