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G. BUGANVILIA  
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Cecilia Northing Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>FININVEST INVESTMENTS, A LIMITED PARTNERSHIP</b>		1a. DOCUMENT # <b>A09527</b>	
Mailing Address 101 CRANDON BOULEVARD SUITE 175 MIAMI FL 33148		Principal Office Address 101 CRANDON BOULEVARD SUITE 175 MIAMI FL 33148	
2. Mailing Address		2a. Principal Office Address	
3. Date Form or Registered 10/31/1990		5b. Capital Contributions as of End of Report \$3,161,828.00	
5a. Date of Last Report 02/12/1990		5b. Amount of Cash Contributions in Florida to date	
4. State or Country of Formation FL		6. FEI Number 39-2120610	
5. City, Apt. #, etc.		7. Certificate of Status Desired <input type="checkbox"/> \$3.75 Additional Fee Required	
City & State		8. Make check payable to Dept. of State (See reverse side for instructions)	
Zip Country			

7/1/15



9. Name and Address of Current Registered Agent SCHARENBERG, FRITZ E. 101 CRANDON BLVD. SUITE 175 KEY BISCAYNE FL 33148		10. If changed, New Registered Agent/Office Name <b>H. JOSEPH KIENE</b> Street Address (P.O. Box Number is not acceptable) <b>200 CRANDON BLVD #202</b> City <b>KEY BISCAYNE</b> State <b>FL</b> Zip Code <b>33148</b>	
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10a. Pursuant to the provisions of sections 880.1061 and 880.1062, Florida Statutes, I, the undersigned, being a partner organized or registered under the laws of the State of Florida, do hereby certify 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 880.1062, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* DATE **10-23-96**

**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) <b>TESAURUS HOLDINGS, INC.</b>	11a. (Do NOT use P.O. Box Numbers) <b>101 CRANDON BLVD. #17</b>	11b. City, State & Zip Code <b>KEY BISCAYNE FL</b>	11c. Registration Document Number <b>K2763</b>
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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 118.07(5)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 118.07(5)(a) if the events that the information supplied is derived events from public records. I further certify that the information furnished on this annual report is true and accurate and that my signature shall have the same legal effect 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 880, Florida Statutes.

SIGNATURE *[Signature]* DATE **Oct 23-96**  
TALLAHASSEE, FLORIDA  
Type of Filing Name of General Partner Signing Form **FRITZ E. SCHARENBERG** Secretary of State  
Office Telephone Number **305-361-3319**

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